Spring 5-2018

Perspectives Regarding Care of Students Enrolled in Special Education Day Schools for Emotionally Disabled Students

Robin Y. Davis
University of Southern Mississippi

Perspectives Regarding Care of Students Enrolled in Special Education Day Schools for Emotionally Disabled Students

by

Robin Y. Davis

A Dissertation
Submitted to the Graduate School,
the College of Education and Psychology
and the Department of Educational Research and Administration
at The University of Southern Mississippi
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Philosophy

Approved by:

Dr. David Lee, Committee Chair
Dr. Myron Labat
Dr. Richard Mohn
Dr. Kyna Shelley

_____	_____	_____
Dr. David Lee	Dr. Lilian Hill	Dr. Karen S. Coats
Committee Chair	Department Chair	Dean of the Graduate School

May 2018

Published by the Graduate School

ABSTRACT

The purpose of this study was the program evaluation of a special education day school for students with emotional disabilities by analyzing data from the perspectives of the staff employed by the day school and the parents of students enrolled in the day school. The evaluation will enable the day school to make decisions about which aspects of the program to continue, strengthen, or discontinue.

In this study, Malcom Provus' Discrepancy Evaluation Model (DEM) was used. The population included staff employed by the day schools and parents of students enrolled in the program during May, 2016. Data were gathered from the teachers, principals, BEIs, therapist, case managers and parents. The study was organized into four domains: (1) academic, (2) social skills, (3) mental health, and (4) sustainability.

The majority of the participants were parents. The total staff members combined totaled 47 which included: principals, case managers, therapist, behavioral educational interventionists, and teachers. The largest proportion of the population reported their association with the RS as 3-4 years.

While there was no significant difference in the parents, and staffs perspectives overall in each domain, there was significant differences in some of the individual items in each domain. Additional examination would be required to fully determine the reasons for the differences in the parents' and staffs perspectives; however, the differences do present a need for additional research.

ACKNOWLEDGMENTS

I am grateful to all of those with whom I have had the pleasure to work during this and other related projects. Each of the members of my Dissertation Committee has provided me extensive personal and professional guidance and taught me a great deal about both scientific research and life in general. I would especially like to thank Dr. David Lee, the chairman of my committee. No one has been more important to me in the pursuit of this project than the members of my family. I would like to thank my late mother, whose love and guidance are with me in whatever I pursue. Most importantly, I wish to thank my loving and supportive late husband, Ed, and my two wonderful children, Erica and Michael, who provide unending inspiration.

DEDICATION

Every challenging work needs self-efforts as well as guidance of others especially the one who was very close to my heart.

I humbly dedicate my dissertation to my sweet and loving late husband,

VERNON EDWARD "ED" DAVIS

whose affection, love, encouragement and prayers provided me the opportunity to accomplish such success and honor.

Along with the support from my children who took a sideline on many occasions while their mother was busy with "school",

Erica Davis Barron

and

Michael Edward Davis

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CHAPTER I - INTRODUCTION

Students with emotional and behavioral disorders frequently have a difficult time dealing with the academic and social stresses in a standard school setting, which often leads to the removal from the classroom, resulting in academic failure and elevated risk of early drop out (Bullis & Cheney, 1999). They are among the most likely to have lower success rates in transition programs, academic underachievement, higher grade retention, lower graduation rates, and higher rates of suspension/expulsion (Cheney & Bullis, 2004; Suh & Suh, 2007).

Emotionally disabled students with behavior difficulties in early childhood associate with many varieties of difficult situations that carry over into their adult lives (Visser, Cole, & Daniels, 2002). Children with these types of problems have a much greater risk to develop problems that will prevent them from keeping a job, making friends and maintaining personal relationships, and are more likely to have difficulties with a criminal life as adults (Stevenson & Goodman, 2001). When mixed with school failure, aggressive and anti-social students seemingly face poor results in terms of social acclimation and mental health (Hallahan, Kauffman, & Pullen, 2009). Numerous students with behavioral disorders grow to be adults with real difficulties leading productive lives and becoming independent. Those students diagnosed with conduct disorders have a strikingly inability to maintain independent and productive lives (Walker, 2004). The student's life as an adult is frequently outlined by socially unbearable behavior, social inadequacy, and incarceration (Stevenson & Goodman, 2001; Walker, 2004).

Children diagnosed as emotionally disabled usually are not able to make friends. When they do establish friendships, it is frequently with other students who display negative behavior (Farmer, 2000). They frequently lead lives of extreme gloom causing their lives to be one of extreme sorrow. Their dysfunctional behavior, in the school setting, demonstrates they are not receiving a necessary need. Students with emotional disabilities often have poor decision making skills which draws attention to school administrators and often leads to the juvenile court system. Due to this attention, school administrators repeatedly restrict school placements designed for safety and protection. Because schools are expected to maintain a safe learning environment, students with poor judgment and decision-making skills threaten the safe environment of the regular school setting.

When students are repeatedly referred to the office, and the visits do not stop the behavioral problems, they are frequently moved to an in-house suspension program (Kritsonis & Cloud, 2006; Morrison, Anthony, Storino & Dillon, 2001). Repercussions of these unrelenting problems generally result in school suspension (Arcia, 2006; Dupper & Bosch, 1996). Repeated extraction from school contributes to students falling behind in school assignments which inadvertently leads to low test scores. These low test scores contributes to frequent failures (Roby, 2004).

Withdrawn or depressed students, fail to bond with other children their age, causing the needed relationships for maturity to never develop. Children with emotional disabilities (ED) live lives of desperation, depression, and rejection. They often demonstrate unacceptable behaviors towards others who are trying to be friendly. Some

of these behaviors might include abuse, destruction, unpredictability and aggression (Farmer, 2000).

Many students diagnosed with ED are frequently doomed for a criminal life and abusive life. Poor judgment and an absence of control, children with ED often arouse aggressively and encounter explosive reactions in people they may be striving to victimize (Cullinan, 2004). Therefore, children with ED are often enrolled in more restrictive treatment environments in order to protect themselves and those they may victimize. Children diagnosed with ED are frequently their own worst enemy because they continually despite difficulties, opposition, or discouragement repeat self-destructive behaviors and inconsiderate of persons in authority that often include teachers and principals. Patterns of inconsideration and defiance towards adults contributes to early exclusion from regular school classrooms, more than any other variable. Students who repeatedly are abusive and socially withdrawn have poor consequences in the area of social adjustment and manic behavior when combined with school failure (Hallahan, et al., 2009).

During the 1990s, there was increased recognition that the needs of youth in the juvenile system were not receiving the needs they required. This actualization was related with a rise in teenage violence and the tie between externalizing behaviors and aggression. In fact, in the United States violence committed by young people accounted for forty percent of teenage deaths (Synder, 2000). By 2000, there was a reduction in serious violent acts by youths. However, less serious but hurtful combativeness to alert educators due to their incidence in an academic setting. Physical fights and carrying weapons to school are the most dangerous behaviors. The results of these findings has

elevated attention by schools to the sources and frequency of externalizing disorders among adolescents.

Student inappropriate behaviors in the school setting often raises a red flag for upcoming behaviors that could endanger school safety. Since these inappropriate behaviors tend to escalate, the behaviors potentially will become exceedingly distressing to others and eventually result in expulsion (Walker, Forness, Kauffman, Gresham & Nelson, 1998). The reauthorization of The Individuals with Disabilities Education Act (IDEA) imposed that any student with an identified disability could not be expelled from school for behaviors that may have been a direct result of the disability. Therefore, instead of being expelled, these students frequently are moved to a special school.

The association between academic problems and behavioral/emotional problems are easily defined. It is uncertain in a lot of cases whether academic problems cause behavior difficulties or behavior problems cause academic difficulties. However, learning or academic difficulties are lined to such factors as attention, hyperactivity, and family background (Farmer, 2000).

One of the biggest issues in special education during the 1980s and 1990s was centered around appropriate placement for students with disabilities. Studies have indicated a relationship between how severe the child exhibits ED and the amount of restriction the school places on a student with ED. Students in residential treatment facilities have exhibited more severe behaviors. Also, those students residing in residential facilities had larger areas of risk in other areas of their lives and had more interaction with agencies than their peers served in a regular special education classroom in the public school systems. (Silver, Duchnowski, Kutash, & Friedman, 1992).

History of Research Schools

The original Organization was founded in 1912 in Meridian, Mississippi as an orphanage that cared for children until adulthood. In 1913, it was incorporated and moved its headquarters to Jackson, Mississippi. In 1942, the Organization's charter was amended to extend its services to unwed mothers. In 1957, a facility was established in Mississippi to provide unwed mothers with a private location to live and receive prenatal care during pregnancies, and in 1960 the Organization continued growing and began providing services to unwed expectant mothers as well. These young women received a great deal of time and help in order to prepare for issues related to post-birth and adoption of their children. The Organization continued to grow through the 1960s by opening additional residential facilities for women and children in need of care and support. In 1965 the Organization opened a full-service adolescent girl's home which provided counseling for run-away girls, resulting in Mississippi's first private, nonprofit residential center for children with emotional and behavioral problems (Russum & Kirk, 2011).

Eventually the Research Schools (RS) were specifically developed for the children housed within one of the Organization's psychiatric residential treatment center for students with emotional disabilities. However, when the RS was established, its services became available to children referred from other school districts who had not been successful at their previous schools. The RS strives to provide educational needs based on each student's abilities. Students receive educational training, personal responsibility lessons and cooperation exercises. Each class is made up of eight to ten students and aims to assist students to achieve their very best. A teacher with a license in teaching emotional disabled students and a behavioral educational interventionist all

assist with educational as well as behavioral issues. The Research Schools are located in Jackson, Hattiesburg, and Gulfport, Mississippi and are accredited by the Mississippi Department of Education. The work completed at the RS is fully accredited and transferrable to Mississippi public schools (Russum & Kirk, 2011).

Statement of the Problem

Parental perception is necessary in order to improve the RS's care for the attending students. The staff also needs to know the perception of care from the parents' point of view versus the staff's point of view in order to make the necessary changes in the day school program. This studies' purpose is to examine the differences in the perception of care as viewed by the parents versus the staff. The study will include the following domains: academic, social skills, mental health, and sustainability to seven standards. The results of the study will aid leaders in making decisions about improving, maintaining, or terminating portions of the program in order to improve student's ability to be successful.

Research Questions

The purpose of this study was to evaluate the difference in parental and staff perspectives of the quality of care for students who attended a private day school program for emotionally and behaviorally disabled students. This study enables the organization to make decisions about which aspects of the program to continue, strengthen, or discontinue.

The four domains included in the research were a) academics, b) social skills, c) mental health and d) sustainability. The research question for this study was: Do parents of the students enrolled the special education day school for students with emotional and

behavioral disabilities have a different perception of care than the staff serving the students enrolled in the program?

The supporting research questions for this study were:

1. How successfully was the Day School in meeting the standards in the academic domain?
2. How successfully was the Day School in meeting the standards in the social skills domain?
3. How successfully was the Day School in meeting the standards in the mental health domain?
4. How successfully was the Day School in meeting the standards in the sustainability domain?

The hypotheses related to the research questions were as follows:

H1: There would be a statistically significant difference between the perspective of parents and staff in the successes of the Day School meeting the standards in the academic domain.

H2: There would be a statistically significant difference between the perspective of parents and staff in the successes of the Day School meeting the standards in the social skills domain.

H3: There would be a statistically significant difference between the perspective of parents and staff in the successes of the Day School meeting the standards in the mental health domain.

H4: There would be a statistically significant difference between the perspectives of parents and staff in the successes of the Day School meeting the standards in the sustainability domain.

Delimitations

Participants for the study were limited to parents of students who were enrolled in the Day School programs in Jackson, Hattiesburg, and Gulfport, Mississippi. Also, staff was limited to teachers, principals, behavior management technicians, case managers, and therapists employed by the Day School.

Assumptions

It was assumed that all participants in the study was thorough and honest while completing the questionnaire. It also was assumed that the participants in the study have a basic understanding of the employees and students' role in the everyday responsibilities of the day school operation. Finally, it was assumed that participants will complete the questionnaire without fear of potential retaliation for their responses.

Definition of Terms

Terms relevant to this research are defined below.

1.-*Attention-Deficit/Hyperactivity Disorder (ADHD)*: is a condition characterized by extreme problems of inattention, hyperactivity, and impulsivity, frequently found in people with learning disabilities (American Psychiatric Association, 2000).

2.-*Antidepressant Medications*: intended to reduce depression symptoms. Examples are fluoxetine (Prozac), citalopram (Celexa), and escitalopram oxalate (Lexapro).

3.-*Anxiety Based Disorders*: "a domain of mental disorders with anxiety characterized as a core symptom. Even though anxiety is often experienced by many, not all who suffers from anxiety has a disability. Anxiety is frequently related to an extremely large range of physical illnesses, medication side effects, and other psychiatric disorders" (American Psychiatric Association, 2000, p. 112).

4.-*Autism Spectrum Disorder*: a disability that usually causes difficulties with interaction and communication with others. Before the age of three symptoms usually are noticeable and can cause delays. (American Psychiatric Association, 2000).

5.-*Bipolar Disorder*: A disorder characterized by periods of alternating mania with depression usually interspersed with relatively long intervals of normal mood (American Psychiatric Association, 2000).

6.-*Borderline Personality Traits*: individuals with this diagnosis experience problems in their relationships with others. Relationships with others are intense and unstable. People with borderline personality traits frantically try to avoid real or imagined abandonment (American Psychiatric Association, 2000).

7.-*Co-morbid*: having two or more conditions or diseases at one time.

8.-*Conduct Disorder (CD)*: any of a number of types of repetitive and persistent antisocial behavior exhibited in childhood or adolescence (American Psychiatric Association, 2000).

9.-*Diagnostic and Statistical Manual of Mental Disorders, (DSM-IV-TR)*: published by the American Psychiatric Association, provides frequent speech and criteria for the classification of mental disorders. It is a multiaxial classification system consisting of five axes referring to different domains of information that assists the

clinician in treatment planning. The principal disorders are considered Axis I, Axis II refers to personality disorder, and Axis V is the global assessment functioning (GAF) (Luborsky, McLellan, Diguer, Woody, & Seligman, 1997). The fourth edition text revision was published in 2000.

10.-*Emotional and Behavioral Disorder (EMD)*: this disorder shows the characteristics over a long period and to a very noticeable extent, which often demonstrates negative effects in an educational setting; the inability to function that is not related to intellectual, sensory, or health factors: an inability to keep friendships with peers; can demonstrate odd behaviors or feelings under normal circumstances. Many different terms have been used to designate children who have extreme social-interpersonal and/or intrapersonal problems, including emotionally handicapped, emotionally disturbed, behavioral disorder, emotionally conflicted, and seriously behaviorally disabled (Mississippi Department of Education, n.d.). For the purpose of this study only, the term emotional and behavioral disordered (EMD) will be used.

11.-*Externalizing Behavior*: aggressive or disruptive behavior that is observable as behavior directed toward others (American Psychiatric Association, 2000).

12.-*Family Therapy*: type of psychological counseling done to help family members improve communication and resolve conflicts.

13.-*Full Continuum of Alternative Placements*: a range of placement options varying in separateness from general education and degree of specialness including general education, general education with consultation, itinerant teacher, resource teacher, self-contained special class, special day school, homebound or hospital instruction, and residential school.

14.-*Global Assessment of Functioning (GAF)*: The GAF Scale is the fifth axis of a multi-axial diagnostic classification system. The GAF Scale is a rating scale of overall psychological functioning on a scale of 0-100 (Luborsky, et al, 1997}. A moderate rating of sixty is usually demonstrates symptoms such as a flat affect, panic attacks or difficulty in social situations, in the workplace, and in an educational setting. A rating of thirty is thought as having behavior based on delusions.

15.-*Individuals with Disabilities Education Act (IDEA)*: In 1990, the Individuals with Disabilities Act was put into place, and reauthorized in 1997 and 2004; it replaced PL 94-142, enacted in 1975. IDEA is a federal law that requires that all schools in order to receive funding, must provide an education that is free, appropriate, public education for every child.

16.-*Inclusion*: teaching students with disabilities in the same environment as their age peers who don't have disabilities.

17.-*Individual Education Program (IEP)*: IDEA requires and IEP to be written by a team of educators; the IEP must include a statement of present educational performance, as well as, educational goals, services provided, and any criteria or procedures for determining that the instructional objectives are being met.

18.-*Individual Therapy*: personal counseling intended to aid a client in problems of living.

19.-*Internalizing Behaviors*: anxious, fearful, and withdrawal behaviors that are not externalized (American Psychiatric Association, 2000).

20.-*Learned Helplessness*: an act of giving up trying, usually as a result of consistent failure to be rewarded in life.

21.-*Milieu Therapy*: a form of inpatient therapy involving prescriptive activities and social interactions according to a patient's emotional and interpersonal needs.

22.-*Mood Disorders*: also known as Affective Disorders, characterized by a state of behavior that is not normal emotional behaviors. Some disorders included as mood disorders include major depressive disorder, dysthymia, and bipolar disorder (American Psychiatric Association, 2000).

23.-*Obsessive Compulsive Disorder*: Obsessive-compulsive disorder is an anxiety disorder in which people have a desire to do something and cannot get that thought off their mind. They may exhibit behaviors that make them determined to do something harmful (American Psychiatric Association, 2000).

24.-*Oppositional Defiant Disorder (ODD)*: a childhood behavior in which the child frequently is defiant, refuses to respect adult's request and is at times aggressive (American Psychiatric Association, 2000).

25.-*Post Traumatic Stress Disorder*: a type of anxiety disorder that can occur after an individual has seen or experienced a traumatic event that involved a threat of injury or death (American Psychiatric Association, 2000).

26.-*Program Evaluation*: pertinent information used by those who hold a stake in whatever is being evaluated, helping them to make educated, informed decisions (Fitzpatrick, Sanders, & Worthen, 2011).

27.-*Psychosis*: a disorder in which a person may lose the ability to tell whether behaviors of others are real. They can see and hear things that are not real (American Psychiatric Association, 2000).

28.-*Reactive Attachment Disorder*: This disorder often occurs when a child has been deprived of their basic needs. They are usually very frightful around other people (American Psychiatric Association, 2000).

29.-*Special Education Day School*: a special school for students that are unable to remain in their public school due to behavioral issues.

30.-*Stimulant Medications*: the most widely used drugs in the treatment of students with disabilities. Their intended effects are to make students readier to learn rather than to make the students learn. They inhibit hyperactivity, distractibility, and inattention. Examples are: methylphenidate hydrochloride (Ritalin) and magnesium pemoline (Cylert).

31.-*Therapeutic Crisis Intervention (TCI)*: developed at Cornell University, a crisis prevention model for residential child care organizations that assists in presenting crisis from occurring, de-escalating potential crisis, and effectively managing acute crisis.

Justification

This study was important in examining both the parents' perceptions and staffs' perceptions in order to meet the ultimate goal of providing care that results in student success not only in school but life as well. The parents' perception of care plays an important role in parents' willingness to support the schools' policies, initiatives, and procedures. The staff's perception is important in making the necessary changes within the program to best serve the students of the school.

This study provided professionals working with emotionally and behavioral disabled students insight into the necessity to examine parental and staff perceptions in

order to improve parental involvement. Parental involvement is needed to maximize student success in all four domains.

Summary

Although the Day School has existed for many years, no formal program evaluation has been conducted. The data collected in this study will be used to create a process used by the research site in making decisions about maintaining, improving, or terminating parts of the program.

This study will add some much-needed research regarding students with serious emotional and behavior disorders. In addition, organizations are searching for guidance when developing programs for students with complex issues. This framework can be the foundation organizations are searching for when undertaking program development. This framework will help organizations looking to expand the continuum of services for special education students. In light of the current economic climate, schools and other organizations needing to decide where to put their resources can utilize this process to evaluate the effectiveness of programs. This study will provide information to practitioners about the needs of students with ED while they are in a treatment setting as well as what they need when they return to the public school setting.

A review of the selected literature is presented in Chapter II. The review of literature provided information about the four domains: academic, social skills, mental health, and sustainability. In Chapter III, the rationale for the study is discussed using the Malcom Provus' Discrepancy Evaluation Model as the study design. The population of the study is identified as well as the selection of survey measurement tools, collection of data, and the analysis procedures.

CHAPTER II – REVIEW OF LITERATURE

Introduction

Any educational program that serves children with mental, physical, emotional, and behavioral disabilities falls under the term special education. Federal policy defines what is considered special education through IDEA (Russum, 2011). This study focuses on emotional/behavioral special education disabilities because of the requirements mandated for acceptance into the Special Education Day School/RS. The Research School is a day school for students diagnosed with an emotional/behavior disorder.

A student who is diagnosed with an emotional/behavioral disorder may demonstrate only one of the following characteristics:

- Cannot learn by intellectual explanations
- Cannot learn through sensory stimulation
- Cannot learn because of a health conditions
- Cannot maintain relationships with peers nor adults,
- Exhibits inappropriate behaviors during normal activities
- Exhibits an unhappy mood most of the time
- Reports being scared most of the time

These characteristics must show a marked degree over a long span of time and show adverse educational abilities (Bowing & Kovacs, 1992). The two types of signs and symptoms of behavioral disorders include externalizing and internalizing behaviors (Breslau, 2002). According to Russum (2011), some of the characteristics of externalizing behaviors include: a) gets out of seat frequently, b) yells, talks out, and curses, c) hits or fights peers and staff and has temper tantrums, c) is defiant and

noncompliant towards teachers, refuses to complete assignments, d) steals/destroys property, e) seems unmotivated, f) excluded from peer controlled activities, and g) argues, complains, and blames others excessively. Characteristics of internalizing behaviors might include: a) seems immature, b) doesn't play with the same age group, c) very withdrawn, d) loss of interest in preferred activities, e) fearful without reason, f) expresses physical complaints and g) danger to self (Kirk, 2011). Students with an emotional disability ruling are more likely to be absent from school, have lower achievement scores, are retained, are highly mobile, abuse alcohol and drugs, drop out before graduation, be arrested, and die young (Bullis, Bull, Johnson & Johnson, 1994).

Mental health disabilities often result in pain and emotional distress for parents, teachers, and community members as well as the children who suffer from these issues. Due to these issues, they may interfere with the student's ability to succeed in school and adult life as well. Aggressive and disruptive behaviors may make these issues known, but also may be less noticeable, causing anxiety and depression (Bullis & Chaney, 1999). Due to the increasing number of students displaying aggressive and/or disruptive behaviors, schools may be considered mental health centers when at least ten percent of the students enrolled in the general education population have a psychiatric disorder such as ED (Repie, 2005).

Social and emotional functioning should be included in the academic curriculum of our schools (Forness, Kavale, MacMillan, Astern, & Duncan, 1996). The outcomes for students being taught social and emotional functioning should result in safe, healthy, and resilient behavior (Bain & Farris, 1991). Strengthening firsthand mental health resources and services, such as access to psychological counseling and behavior

management techniques for school-age children and youth, may provide preventative activities designed to reduce prevalence of negative behaviors, as well as early intervention for mental health problems (Cowen et al., 1996). The Surgeon General on Mental Health Statistics has shown one in every five children have demonstrated behaviors of a disorder defined in the Diagnostic and Statistical Manual of Mental Disorders-Fourth Edition-Text Revisions (DSM-IV-TR), with about five percent of all children experiencing "extreme functioning impairment" (The Policy Leadership Cadre for Mental Health in Schools, 2001. p. 28). According to Flaherty, Weist and Warner (1996) and Werthamer-Larsson, (1994), the Office of Technology Assessment's statistics suggest that twelve to fifteen percent of adolescents present emotional and behavioral problems at levels warranting intervention, while another fifteen percent are believed to be at risk of developing emotional and behavioral problems. With these statistics, one may conclude that school districts possibly have fallen short in providing services within the school setting for children with ED.

Most of our nation's school-based health and mental health services have failed to be fully integrated into local communities or schools (Flaherty et al., 1996; Policy Leadership Cadre for Mental Health in Schools, 2001; Sedlak, 1997; Werthamer-Larsson, 1994). Services are criticized as being segregated, isolated, fragmented, or incomplete when they are available (Forness et al., 1996; Young, 1990). Even with the growth of research regarding school-based mental health programs, serious deficits exist in reference to literature and the convergence across different schools (Durlak, 1998). According to Repie (2005), impaired self-esteem, attention deficit/hyperactivity, and peer relationship problems are the most prevalent emotional and behavioral problems of

students in schools today. Whereas, suicidal thoughts and behavior, inappropriate sexual behavior, and alcohol/drug abuse are considered as the least critical problem of students in today's schools (Repie, 2005).

According to Hanchion and Allen (2013), determining eligibility for the special education category of emotional disturbance has created a sense of confusion and uncertainty among school psychologists. The definition and classification of emotional disability, even more than four decades after the Education for All Handicapped Children Act of 1975 was coded into law, continues to be a source of controversy (Merrell & Walker, 2004). According to Skiba, Grizzle, and Minke (1994), a great deal of the difficulties in determining emotional disabilities is due to the vague, poorly defined and professionally indefensible criteria. Even though there is usually a team of professionals making the decision in the identification process for emotional disability, the majority of the process is placed on the school psychologist (Skiba et al., 1994). The variation in identification greatly relies on the psychologist's translation of the guidelines used to identify students under the emotional disability category (Hanchion & Allen, 2013). Doll (1996) suggested, that a school typically enrolling one thousand students will generally expect to have between one hundred eighty to two hundred twenty students with some type of diagnosable psychiatric disorder, including anxiety and various behavioral disorders such as conduct disorder or oppositional defiant disorder. According to Knopf, Park, and Mulye (2008), the National Adolescent Health Information Center indicates one in every five adolescents exhibits significant symptoms of emotional distress, whereas one in ten demonstrates emotional impairment. However, recent data continues to show that far less than one percent of students across the United States are being

served under the emotional disability category (United States Department of Education, 2011). Therefore, it seems many of the students for whom the law was written to protect are not being served. If one percent of the students in a typical school are receiving services for emotional disabilities, based on the prevalence estimates previously mentioned, one hundred ten to one hundred fifty students are still not being identified (Doll, 1996). The difficulties faced in accurately identifying emotionally disabled students appear to be predicted by two factors. One factor is that the terminology and definition used within the federal law for the purpose of emotional disability identification has been criticized as being vague, confusing and poorly worded (Merrell & Walker, 2004). Another factor included, a lack of understanding concerning the nature and scope of emotional disorders has left many professionals confused as to which students meet emotional disability eligibility criteria versus those who do not meet the criteria (Forness & Knitzer, 1992; Merrell & Walker, 2004; Skiba et al., 1994).

Parent and Staff Perception of Care

Efforts have been made to examine the kinds of behavior that the public perceives as indicative of mental or emotional illness (Bentz, Edgerton & Kherloplan, 1969; Bentz, Edgerton & Hollister, 1971; Edgerton & Karno 1974; Dohrenwend & Chin-Shong, 1972). Through knowledge of the public, teachers, and teachers' perceptions and the sharing of research findings, the community decision makers can assume the responsibility for planning of programs that may meet the mental health needs of the children in their community (Bentz & Davis, 1975). Teachers play an instrumental role in the socialization of children, influencing their cognitive and emotional development. Teachers function as parental surrogates for the better portion of a child's day.

Therefore, it may be considered that the teacher's behavior and attitudes regarding what he or she considers to be behavior problems or emotional illnesses are passed on to the child and influence his beliefs and views of the world (Bentz & Davis 1975). Bentz and Davis (1975), discovered that teachers and day care center operators knew of considerable more children that exhibited the types of behaviors considered problematic than the community leaders or the general public. Bentz and Davis indicates that the exposure of teachers and day care operators to children may account for the findings. However, on the other hand, Bentz noted the findings may be due to the lack of awareness or sensitivity to the kinds of behaviors exhibited on the part of the general public. From Bentz's study, it was determined that community leaders, were more likely than teachers and day care operators, who in turn were more likely than the general public, to label the behaviors demonstrated as indicators of emotional or psychiatric problems. The one aspect agreed upon by all participants in Bentz's study was that early identification is a necessity if help is to be given to these children. According to study, the general public must be made more sensitive to the deviant behaviors of the students diagnosed with early intervention to be effective. Early intervention may also relieve the challenges parents face when dealing with students diagnosed with emotional disabilities.

Parental Challenges

There are multiple problems parents of children with emotional or behavioral disorders must overcome to meet their work/family needs and responsibilities. Without adequate support for meeting the needed care, parents may become overwhelmed (Friesen & Koroloff, 1990; Lechner & Ceedon, 1994; Roberts & Magrab, 1991). Rosenzweig, Brennan, and Ogilvie, (2002), searched to find answers about the

difficulties parents face in providing a normal life for their families. When parents were questioned about their careers when taking care of a child with behavior disabilities, four major issues were discovered. The four themes included: a) adjustment of employment duties, b) need for greater work flexibility, c) effect on daily work performance; and d) coworkers as sources of support. The parents reported that the type of employment they currently were engaged in was quite different from the employment they had been pursuing or for which they were educated. Several parents reported beginning a new profession in the mental health field after the diagnosis of their child with a serious emotional disorder (Rosenzweig et al., 2002). The study indicated sources of stress stemmed not only from the unpredictability of the child's behavior, but also from the inadequacies in community-based organizations that families relied on to help negotiate work-family obligations. Social workers and schools working together would improve the professional preparation of primary and secondary educators (Rosenzweig, et al. 2002).

The Original Organization

In 1912, the original Organization was founded in Meridian, Mississippi. At the time of its conception, there were several orphanages in Mississippi that cared for children until adulthood. The number of orphanages in Mississippi at that time demonstrated the need that led to the creation of the original Organization. In the early 1950s, a formidable challenge for the original Organization was the lack of families in relation to the number of children waiting on adoption. This created a "black market" situation in which children were placed in homes without the benefit of regulation through a licensed agency (Russum, 2011). During the 1900s, the Organization began to

expand its role beyond caring for expectant mothers and orphaned children. In 1988, the Research Site/School was opened under the umbrella of the Organization. The Research Site/School was Mississippi's first nonprofit residential center for the treatment of children with emotional and behavioral disorders (Mississippi Children's Home Service, n.d.). In February, 2009, the original Organization opened its RS at the Hattiesburg Campus. It was the second-day school campus opened by the original Organization. The first school campus was located in Jackson, Mississippi. Some of the student benefits of the RS include small classroom size of eight to ten students per class, licensed teachers and behavioral specialists in each classroom and all work is accredited and transferable to a public school (Mississippi Children's Home Services, n.d.). According to Mississippi Children's Home Services, (n.d.), eligibility criteria for admission to the day school program includes: a) children and adolescents ages six to eighteen who are in need of intensive residential, outpatient and educational services, b) children and adolescents who have a special education ruling of EMD, OHI, or AU, c) children and adolescents who have an IQ of sixty-one or above, d) children and adolescents who often display either emotional and/or behavior difficulties in school and/or at home, e) children and adolescents who have likely exhausted all possible courses of intervention available to them within the public school setting, and f) children and adolescents who exhibit difficulties in maintaining relationships with peers and adults.

The Research School: A Special Education Day School for Emotionally Disabled Students

The RS is an accredited, private special education day school. Educational tracks offered at the RS are special education services, regular education services, occupational

diploma and the High School Equivalency Diploma. The school teaches daily living and social skills in addition to providing educational services. The interdisciplinary team of professional and support staff consists of teachers, therapists, case managers, and behavioral management technicians. Upon admission, students are empowered through the REACH program and monthly treatment plan reviews. REACH is a level system used at the RS to empower students, develop positive behaviors and habits, and promote success academically and socially. REACH is an acronym for R-relate, E-embrace, A-accountability, C-change, and H-honor. The RS uses a daily point system to determine each child's progress through the REACH system. (Mississippi Children's Home Service, n.d.) The REACH system facilitates an environment centered on developing meaningful relationships. This creates a therapeutic atmosphere where consequences and rewards truly matter to the student (Russum, 2011). Once the student has reached the H or honor point in the system, he or she is slowly transitioned back into their public school system. If the student maintains enrollment in their school for at least one year, the program is considered successful (Russum, 2011).

When a school district has exhausted all least restricted environment placements for a student with an emotional/behavioral (EMD), Autism (AU) or Attention-Deficit/Hyperactivity (OHI) Disorder, they may apply for a student's admittance into the RS day school program. After all the requirements have been met, then the student is placed in the program. The student is still considered, for state and federal guidelines, a student of the referring school district. The school district that places the student into the RS program provides the funding for the program; however, the school districts receive partial reimbursement from the Mississippi State Department of Education (Mississippi

Children's Home Services, n.d.). The need for schools, such as the RS, is not a modern concept. Children with emotional and behavioral disabilities have been documenting for many decades (Kanner, 1962, Kauffman, 1976).

Historical Foundations of Emotional and Behavioral Disorders

Children diagnosed with emotional and behavioral (ED) disorders have been present in every social settings for many years. Past eras, students with ED did not receive any special treatment in the classroom setting. In fact, they were often left to take care of their needs without any assistance. Children with ED were frequently subjected to severe punishment, abuse seclusion, (locked in small closet type rooms for days at a time), rejection, and ridicule in environments they found themselves (Kanner, 1962, Kauffman, 1976). Because of the frequent mistreatment of children with ED, placements whether segregated or alternative, were opened to treat children in an appropriate manner that was both effective and humane. During the early years of psychiatric treatment, most psychiatric hospitals were the segregated placements where individuals received treatment which included physical, occupational, recreational, psychological, and educational therapies (Brigham, 1994). Both adults and youths were served in these psychiatric hospitals. As time passed, some educational therapy was provided to the children admitted to hospitals and residential treatment facilities. Children were taught in these facilities under the assumption that children could only learn and be managed if they lived in a structured setting with persons trained to deal with ED could restore the behavior needed to integrate back into society (Bettelheim, 1950). The evolution of child psychiatry was greatly influenced by the importance of schools in children's lives (Bettelheim, 1950). Beginning in the 1930's, special wards for young children and teens

were formed in psychiatric hospitals (Kanner, 1962). However, students who were juvenile delinquents, homeless, or "bad" were placed in "houses of refuge" or "reform schools" (Rothman, 1971, p. 13). If an adolescent was hospitalized in a psychiatric hospital, they were considered to be "sick" and in need of therapeutic care (Rothman, 1971, p. 13). If an adolescent was placed in a reform school, they were labeled as "bad" and deserving of punishment (Rothman, 1971, p. 14). Neither of the options proved to be the most effective placement for students with ED.

The first school for students with severe ED was opened in 1953 in New York City (Fenichel, 1966). This type of school was to educate students with ED in a more structured environment while allowing the students to remain living at home (Kauffman, 1995). Due to mainstreaming, or placing students with a special education ruling back into the regular classroom setting, in the 1970's, placements of students with all types of disabilities were affected (Stainback & Stainback, 1996). Then the inclusion movement, keeping students with special education rulings in the regular education classrooms while bringing in special education teachers for assistance, in the 1990's, schools were considered the least restrictive environment for education all children (Stainback & Stainback, 1996). Because of mainstreaming and inclusion, parents were given the choice of taking their child out of the traditional self-contained classroom, where students with a special education ruling remain for the entire day (Farley, Torres, Wailehua & Cook, 2012). Even though inclusion appeared to be a better option than a self-contained setting, the possibility of students being in an environment where their individual needs could not be addressed, presenting the need for a more specialized approach.

For most children with emotional and behavioral disorders life is chaotic in multiple ways (Forness et al., 1996). According to Messick (1995) most students ED and behavioral disorders are being served in one of the most restrictive environments available such as private day schools. These environments are often extremely costly, with little evidence to support its use over fewer restrictive settings such as day treatments (Messick, 1995). Despite the increase in attention provided to students with emotional disorders there are still serious gaps between the present services offered and the services needed (Crockett & Kauffman, 1999). Student needs may be very complex. Students frequently have difficulties with family as well as problems in their neighborhoods including drug abuse, difficulty keeping a job, maintaining positive relationships with peers and adults, and legal issues (Gresham, 2005). As a result, services in addition to special education may be often needed for students with emotional or behavioral disorders. Some of their needs may include psychotherapy or counseling, family-related services, and job-related training (Gresham, 2005). Due to the many needs of students with emotional or behavioral disorders, most schools do not have the necessary facilities to work with these types of students (Farmer & Farmer, 1999; Kauffman & Landrum, 2009). An integrated effort to include all services is now considered by educators to be best practices for students with emotional or behavioral disorders (Bain & Farris, 1991).

Academic Domain

Students with emotional and behavioral disorders have difficulties succeeding academically in the traditional school setting. Recently, studies academic status of students with ED and behavioral disorders indicated that academic deficits occurred

across academic subject areas including reading, math, and writing (Trout, Nordness, Pierce, & Epstein, 2003). Students who suffer from behavioral difficulties usually dropout of school and are at a much greater risk of failing than students who do not suffer from emotional/behavioral disorders (Grunfeld, 2003). In school, students with emotional and behavioral disorders have a hard time understanding instructions, remembering what has already been taught and being productive in a classroom setting (Carr & Punzo, 1993). Many students who struggle with emotional disabilities have a hard time earnestly and decisively focusing on their academic assignments (Levendoski & Cartledge, 2000). Therefore, they struggle to be successful in the regular school classroom. Some of the latest studies of the academic quality of students with emotional and behavioral disorders determined that academic inadequacies occur over all subject areas (Trout et al., 2003). Students who suffer from behavioral difficulties usually have higher dropout rates and lower graduation rates than other student groups (Grunfeld, 2003).

It is a myth that young children and teens with emotional and behavioral disorders have above average IQs. Very few students with EBD score above the normal range but score in the dull to below the normal range (Kauffman & Landrum, 2009). Lower than normal IQ scores for these students suggest a lower ability to perform tasks that other students perform successfully.

Standardized tests often show students with emotional and behavioral disorders as low performers (Kauffman & Landrum, 2009). According to Klein-Lombardo (2012),

> Most students with emotional or behavioral disorders do not achieve at the level expected for their mental ages and rarely are these students academically

> advanced. Most students with severe disorders lack basic reading and math skills. For the majority of students who have basic reading and math skills, few can apply the skills to their everyday lives. (p.22)

Some researchers have proposed that inclusion is the best determined placement for all students with disabilities, even those diagnosed with an emotional or behavioral disorders (Bateman & Chard, 1995; Crockett & Kauffman, 1999; Guetzloe, 1999). The premise for total inclusion is that in the general education classroom in public schools, full inclusion provides the least restrictive environment (LRE) (Crockett & Kauffman, 1999). The opposition to full inclusion contend that substitute placements ranging from general education classrooms to resource classes, special self-contained classes, and special day or residential schools and hospitals are crucial if each child with a disability is to earn an appropriate education (Bateman & Chard, 1995). The addition of determining students who justly qualify to receive special education services under emotional disability category is often a painful undertaking (Forness & Knitzer, 1992). Some researchers, even though these children have very complicated needs, have proposed that inclusion is the best determined placement for all students with a disability, even the ones diagnosed with emotional or behavioral disabilities (Bateman & Chard, 1995; Crockett & Kauffman, 1999; Guetzloe, 1999).

According to Farmer (2000) and Farmer, Quinn, Hussey and Holahan (2001), some educators describe academic difficulties often lead to behavior problems for some however, for others the behavior problems may lead to academic difficulties for others. Nevertheless, there is no unclouded link between academic and behavior problems, academic learning does seem to be connected through comorbidity along with other

aspects, such as attention, hyperactivity, attendance, disciplinary problems, and family background (Farmer, 2000). According to Farmer et al. (2001), the link between academics and behavior complications is clear.

The decision to place a student should not be established on the indicative label of a student alone, but rather the student's precise needs (Colvin, 2004). There are a numerous available service models within the public school: a) general education, b) general education with resources and classroom support and c) the self-contained special education classroom. Over the past forty years, research has shown that the regular education classrooms, in which emotional or behavioral disabled students are taught, do not incorporate methods and means that have been shown to work (Hayling, Cook, Gresham, State, &Kern, 2008). Consequently, according to Guetzloe, (1999), for many emotional or behavioral disabled students there seems to be a wait-to-fail standard. That is school employees reciprocate to inappropriate behaviors rather than putting into place proactive support methods designed to restrain problems. Federal initiatives and national efforts (No Child Left Behind and Individuals with Disabilities Education Act, 2001) have been put in place to address this concern.

The impairment criterion for low academic achievement has been criticized even with IDEA (2004), for being inordinately subjective (Wiley, Siperstein, Brountree, Forness & Brigham, 2008). There has been studies that reveal a discrepancy in perception of debilitated educational achievement to mean low performance connected to the ordinary academic success of pupils in their school, not to a common worldwide standard of poor performance (Wiley et al., 2008). The validity of the criterion is often based on observation and documentation from staff and/or parents of the students

(Messick, 1995). This observation and documentation require a fair degree of parental educational involvement. Guardians' educational participation is used to describe a large variety of parental proceedings, ranging from educational beliefs and academic achievement expectations to the numerous performances parents exploit to forward children's achievement academically and other educational outcomes (Seginer, 2006). The impairment criterion for low academic achievement has been criticized even with IDEA (2004), for being overly subjective (Wiley et al., 2008). Numerous studies have shown a fluctuation in clarification of defective educational achievement to mean below level performance relative to the normal achievement of pupils, an increase in global standards of poor achievement (Wiley et al., 2008). The validity of the criterion is often based on observation and documentation from staff and/or parents of the students (Messick, 1995).

Social Skills Domain

Many students with exceptionalities, or deviating widely from the norm mentally, display challenging behaviors that impairs their vitality and largely disrupt the educational development (Matson, Wilkins, & Macken, 2009; Westling, 2010). A lot of students will on occasions display some form of demanding behavior. Nonetheless, students diagnosed with irregularities such as emotional or behavioral disorders exhibit challenging behaviors at a greater progression or concentration than their classmates and at times can take the appearance of internalizing behaviors such as depression or anxiety or externalizing behaviors, such as aggression or hostility (Macintosh & Dissanayake, 2006). Before a student is approved for special education, the majority of students with emotional and behavioral disorders have been in regular classes in which they watch and

determine from their classmates the acceptable peer examples. Often times they do not replicate these models. Usually, there is no evidence of these students benefiting from observing students who exhibit appropriate behaviors.

In most cases for students with ED, inappropriate behaviors that have not been addressed will advance throughout their adult lives. (Murphy et al., 2005). Throughout the span of their lifetimes, persons who exhibit inappropriate behavior are at a greater risk to reside in poverty and have a greater possibility for social and academic difficulties, to be school dropouts, and to confronted with violence as a victim and perpetrators; in other words, they usually do not appreciate the joys of a productive adulthood (U. S. Department of Education, 2002). Also, difficult behaviors can deter the wisdom of appropriateness (Buschbacher & Fox, 2003). Social proficiency shortfalls make it hard for pupils to act appropriately in the regular classroom achieve homogeneity with their classmates and teachers (Lierheimer & Stichter, 2011).

The urgency for teaching social skills to pupils in American public schools has never been more preeminent. Schools, since their inception, have always been seen as a major socializing institution where children could learn and refine previously learned social behaviors (Cartledge & Milburn, 1986; McGinnis & Goldstein, 1984). Over the course of the past fifty years, changes in family structure and the declining influence in children's lives of organized religion have resulted in an increased role for schools (Muscott & Gifford, 1994).

The gaining of different social skills and competencies is a critical component in the development of psychologically healthy children. Children and youth with poor social development are in danger for a wide array of difficulties in adulthood (Neel,

1988). Research has persistently indicated that the lack of social proficiency in childhood is linked with school-related complications, which might include academic inferiority, premature school drop outs, and social problems, such as loss of affection and solitude, and disastrous work histories (Hymel & Asher, 1977; Knold, 1985; McCandless, 1967; Michelson & Wood, 1980; Ullman, 1957). Asher (1990) approximated that ten percent of school-age students lack social skills serious enough to be abandoned by their friends and up to seventy-five percent of students diagnosed with disabilities early on require intervention in social skills.

In the past, schools have taken concurrent and orthodox advances to social skills training, often watching for children to exhibit maladjusted behavior before intervention (Muscott, 1988; Neel, 1988). Teachers surveys have shown that the larger part of general and special educators feel that social skills instruction should be incorporated into the curriculum (Bain & Farris, 1991). Ninety-four percent of special education teachers consider social skills instruction is a significant element in the teaching of behavioral disabilities (Battalio & Stephens, 2005). It is curriculum to incorporate straight forward instruction in social skills for every student, not just the ones who presently model or are at jeopardy of emanating behavior disorders (Muscott & Gifford, 1994).

Appropriate behaviors have an absolute positive affiliation to academic success, and demonstrates that prosocial behavior allows success academically (Elliott, Malecki, & Demary, 2001; Wentzel, 1993). In fact, some argue that social proficiency often is more meaningful than academic achievement because all conditions are social (Loe & Feldman, 2007). A student who is antisocial will often experience complications whenever personal interaction is vital: at sporting events, in the cafeteria, at recess, at a

celebration, and in the classroom. The lack of social suitability, contradictory to poor reading or writing competence, is not simply addressed with alterations or adaptations (Snider & Battalio, 2011). Instruction in social skill behaviors is more or less an intercession plan that implements an alternative behavior and puts the target on exhibiting sufficient behavior rather than punishing unacceptable behavior.

Special need students and those with behavioral disorders, in particular, continue to fall short both academically and socially, remaining at risk for successful inclusion in general education programs (Eisenberg & Rotenberg, 1991). It appears the acts of misconduct committed by students are increasing in both frequency and severity (Massey, 2012). According to Cartledge and Milburn (1986), social skills are seen as "socially acceptable learned behaviors that enable the person to interact in ways that elicit positive responses and assist in avoiding negative responses from them" (p. 7). To build-up there success, social skills education curriculums need to be exciting and idealistically enough for pupils to have a desire to put them into place. They should incorporate ample occasions for watching and role-playing opportunities for observing and imitating high status examples (Cartledge and Milburn, 1986). Spence (2003) suggests social skills education intercessions with incorporating behavioral examples with instruction in social perception skills is necessary. Special need students and those with behavioral disorders, in particular, continue to fall short both academically and socially.

Acquaintanceship enrichment, support from peers, and positive connections to friends are a directly affiliated with self-esteem (Armsden & Greenberg, 1987; Cauce, 1986; Coates, 1985; Dubow & Ullman, 1989). According to Losh and Capps (2006), pupils exhibit more harmonious behavior when they can recognize the feelings of others.

Due to students with social inappropriateness can have a hard time communicating understanding of their emotions, educators can concentrate on intercessions that advance their capability to understand their emotional well-being as well as that of others (Losh & Capps, 2006). Also, they can move toward obtaining outstanding social suitability with peers, as well as supporting intensified productiveness in the school setting (Lierheimer & Stichter, 2011).

The need to manage stress is an indispensable survival skill. A person's perception represents a chief role in communicating a repercussion of fight or flight. Emotionally and behaviorally disabled students frequently misinterpret social cues. It is commonplace for these students to overreact to minor situations. There are four conditions that challenge the self-control of students (Henley, Ramsey, & Algozzine, 2002). These are: enduring anxiety, regulating past memories, adjusting to new bearings, and calming down (Henley et al., 2002). Students with emotional and behavioral disorders frequently resort to maladaptive attempts to relax such as using alcohol and drugs, an adaptive relation technique (Henley et al., 2002). Pupils learn to relax by distinguishing signs like a slow pulse rate, temperature warming, and slow and soft breathing because relaxation is a biochemical state (Henley et al., 2002). Managing stress is a necessary endurance skill. A person's impression plays an important role in their decision of how to react to fight or flight.

Because students with emotional and behavioral disorders may not have the ability to distinguish between a real threat and an anxiety attack, they may become physically or verbally aggressive (Bullis et al., 1994). Gathering information on how a student with emotional or behavioral disorders sees a distinct event enables the teacher to

understand the best method in which to intervene (Hallenbeck & Kauffman, 1995). A teacher's ability to actively listen makes it easier to pinpoint the circumstances that may lead up to a fight or flight decision (Hanchon & Allen, 2013). Students can often learn over time to recognize their faulty thinking that procedes over reactions (Bullis et al., 1994). This new understanding can assist students in new situations. Every child needs to learn adjustment skills in order to adapt to different situations or unknown people. In new situations, appropriate social skills comprise of knowing when to ask a question, telling someone when you are apprehensive, and knowing when to use caution (Henley & Long, 1999).

Behavior control is an important aspect of any program for students with emotional and behavioral disorders (Colvin, 2004). Without powerful strategies, it is very unlikely that academic and social attainments will materialize for regulating inappropriate behavior. Previous studies have shown exemplary academic instruction will result in a decline of many behavior problems and improve important academic skills (Falk & Wehby, 2001; Kauffman, et al., 2002; Stein & Davis, 2000; Suterland & Wehby, 2001). Nevertheless, even the most innovative teaching will not prevent all disruptive behaviors. Adequate control planning are necessary as well as engaging pupils in self-control procedures as much as possible. Also in addition to self-control, educators must offer compelling instruction in academics and social skills that will aid their pupils to live, learn, and work with others (Farmer et al., 2001; Walker, et al., 2004). In addition to the social skills, the mental health of students diagnosed with emotional and behavioral disorders may be an important part of improving their health, causing an importance into the perception of the students' mental health needs.

Mental Health Domain

Students with a mental health diagnosis frequently render a large conglomeration of inappropriate behaviors resulting in concern in the classroom. The behaviors and mental health disabilities of these students are often classified into two wide dimensions: externalizing and internalizing (Cicchetti & Toth, 1991). Students usually show both externalizing and internalizing behaviors, known as comorbidity. They may show externalizing behaviors like annoying others and fighting, and internalizing behaviors such as distractibility, poor concentration, and short attention span (Cullinan, 2004). Students with compelling behavior problems could be in danger for unsatisfactory school adjustment and a multitude of problematic school issues.

The recognition of mental health was increased during the 1990s, and the needs of adolescents with mental health disorders were not being met. An increase in aggression and the connection of acting out violently brought about this realization (Snyder, 2000). Snyder (2000) reported that in the 1990s, violent acts in the U.S. committed by adolescents accounted for forty percent of all deaths among teenagers. According to Klein-Lombardo (2012), by 2000, there was a reduction in the serious violent acts by youth; however, other diminished but adverse aggression continued to get the scrutiny of teachers due to their frequent disruptive behavior in the classroom. Physical fights and carrying of weapons are the most dangerous of these behaviors, resulting in heightened alertness by teachers to the roots and manifestation of externalizing behaviors among pupils (Klein-Lombardo, 2012).

Frequently, more mild patterns of student behavior problems are contemplated as a red flag by educators; however, these behaviors might intimidate school safety.

Behaviors such as these tend to worsen over time and become excessively disruptive to many and could eventually cause students to be forced out of the general classroom setting (Walker, et al., 2004). Due to the reauthorization of IDEA in 1997 and again in 2004 a student with a diagnosed disability is not allowed to be expelled from school if the behaviors are in direct relationship to their disability. This stipulation has often led to the reassignment of students with emotional or behavioral disorders to a special education school (Stein & Davis, 2000).

Externalizing Behaviors

Conduct Disorder (CD), Attention-Deficit/Hyperactivity Disorder (ADHD), and Oppositional Defiant Disorder (ODD) are the most frequently diagnosed externalizing behaviors. Students who demonstrate mental instability are more often considered to have a conduct disorder (Doll, 1996; Kazdin, 1997). Students diagnosed with conduct disorder demonstrate a magnitude of inappropriate social behaviors that start in early childhood and advance into their adult lives (Doll & Lyon, 1998). Pupils who demonstrate these troublesome behaviors are unsettling in the regular classroom setting and exhibit careless academic execution, ultimately resulting in truancy and high dropout rates (Rumberger, 1987).

Students with CD. According to the American Psychiatric Association (2004), students with CD frequently are involved in the deterioration of property, such as deliberately starting fires with the motivation of causing serious hardships, consciously destroying others' belongings, deliberately avoiding accountability, deliberately conning others, and deliberately stealing possessions of little significance. Persons diagnosed with CD often prompt an assortment of inappropriate behaviors and symptoms which may

include a continual and persistent arrangement in which the freedom of others or social criterion or guidelines are violated (Colvin, 2004). Such behaviors may also be demonstrated by aggression toward humans and animals that may cause extreme physical harm to others, taking possessions while encountering a victim or forcing someone into sexual acts (Colvin, 2004).

Students who suffer from attention-deficit/hyperactivity disorder (ADHD). ADHD once was identified as two separate domains of a broad-based theory: attention deficit with hyperactivity and attention deficit without hyperactivity. It has now been combined into one disorder separated by three symptoms: a) hyperactivity, b) impulsivity, and c) distractibility (Barkley, 1998). The definition of ADHD is an ever-present disorder that is speculated to affect three to seven percent of children attending school (American Psychiatric Association, 2000). Children with ADHD usually demonstrate problems staying focused, continuing effort, regulating motor activity and formulating and completing tasks (American Psychiatric Association, 2000). Many students diagnosed with ADHD suffer in the classroom, frequently through the form of disciplinary difficulties or academic failures (e.g., under achievement, failing grades, or inability to finish assigned work (DuPaul & Stoner, 2003). Treatment for students diagnosed with ADHD suggests a multi-model method that includes medication, behavior adjustments, special allowances, and additional services (Barkley, 1998; Reid, 1999; Reid, Trout & Schartz, 2005).

A crucial element in the adequate success of a student diagnosed with ADHD is a solid and concrete partnership between parents and school personnel (Barkley, 1990; Loe & Feldman, 2007). According to Loe and Feldman (2007), guardians of children with

ADHD frequently describe the knowledge and support of educators and schools to be of exemplary quality and exceptional value. However, during pediatric examinations, a large population of parents have indicated a great deal of frustration in regards to their child's capabilities and point of views toward ADHD (Efron, Sciberras, & Hassell, 2008).

An Australian study determined convincing differences in theories between pediatricians and educators concerning developmental disabilities including ADHD (O'Keefe & McDowell, 2004). Often it is thought that the differences are cognitive in deviation in conceptualism, understanding, and in turn skewing the management of children with ADHD (O'Keefe & McDowell, 2004). Regardless of the reasons for the variations, these conclusions are of concern for educators considering the school is a prevalent source of information for students with ADHD related problems. Also of importance is there has been research to show educators have given inaccurate and inappropriate suggestions to the parents of children who suffer from ADHD (DiBattista & Shepherd, 1993).

The high prevalence of students diagnosed with ADHD almost guarantees that teachers are more likely to encounter at least one student in their general education classroom with the disorder (Barkley, 1990). This has resulted in educators having to make an identification and the referral for students who may suffer from ADHD for more extensive testing. The large number of students identified with ADHD could also impede the effectiveness of controlling the behavior of students diagnosed with ADHD within the classroom, as well as working closely with health professionals assigned to treating these students, and in making a determination as to the effectiveness of a students prescribed medication (Bekle, 2001; Tannock & Martinuseen, 2001). Therefore, it is essential that

educators have a solid understanding of ADHD and can assist in the identification of the symptoms of ADHD as quickly as possible so their academic needs are not compromised (Fell & Pierce, 1995; Montague, McKinnery, & Hocutt, 1994).

Students with oppositional defiant disorder (ODD). The normal form for diagnosing ODD in children is they must show no less than four inappropriate behaviors: aggression both physical and verbal, argumentative with adults, ignores rules, aggravates others, frequently irritable or easily annoyed by others, often mad and bitter, and regularly mean or vengeful (Kauffman, et al., 2002). People with ODD behave in specifically insubordinate ways, for instance ignoring the request of authority figures or placing blame on peers and adults for their inappropriate decisions (Cicchetti & Toth, 1991). Often, children with ODD are angry and cannot make friends or receive any approving attention from adults (American Psychiatric Association, 2009). The repeated features of the opposition is what separates students with ODD from the normal act of opposition that many adolescents experience for a period (Forness & Knitzer, 1992). A great number of students go to the limit with being defiant; however, most of these children gradually stop their defiant behaviors for more modifying ways of having their met their needs such as appropriately asking for what they might need (Kauffman, et al., 2002). Adolescents with ODD, never cease to use abnormal with other students and authority figures regardless of the rejection it causes (Klein-Lombardo, 2012).

Internalized Disorders

Children with internalizing behaviors often are harder to recognize and are sometimes overlooked because they may not demonstrate any acting out behaviors (Gresham, 2005). Internalized behaviors commonly occur in individuals diagnosed with

mood disorders such as bipolar or anxiety-related disorders (Gresham & Kern, 2004). Behaviors that are internalized frequently occur in students who have been diagnosed with mood disorders such as bipolar or a disorder related to anxiety. Even though pupils with internalizing disorders may be more difficult to observe, the still require intense mental health interventions that they seldom receive in the school setting (Kendall, Brady, & Verduin, 2001). Youth sometimes described as emotionally disabled usually do not identify themselves with a psychiatric label and they put insufficient evaluation in formal diagnostics. For example, Hammen & Rudolph (2003) asked students with psychological disorders in ninth through twelfth grade to think about situations they faced. Even though, the researchers discovered that the students admitted to having difficulties, very few considered these type of behaviors as a mental illness. Findings such as these demonstrated the difference between adolescents' recognition of difficulties and the way they view these difficulties. For youth, it was suggested that labeling themselves as unmanageable process (Hammen & Rudolph 2003) together with a lesser ability to fit in socially. This study started the process to outline the experiences faced by adolescent, however it has been narrowed by little and non-varied dependence on remembrance.

Mood-Related Disorders. Even though mood disabilities are separated into depressive disabilities, bipolar disabilities, mood disabilities linked to a normal medical condition, and drug-induced mood disabilities (Grills & Ollendick, 2003), the researcher chose to discuss only depression and bipolar disabilities in this review in this review. Both classic and more contemporary literature indicate that substantial numbers of adults with bipolar disorder date the onset of their disorder in childhood or adolescence

(Loranger & Levine, 1978; Weissman, & Wickramavatne, 1988). There has been no prior history of persons with a depressive disorder having manic or mixed or hypo-manic episode; whereas with a bipolar disorder, manic, mixed or hypomanic episodes are generally present (Geller& Luby, 1997). A number of researchers have stated that non-class demonstrations, like as mixed states, dysphoric mania, rapid cycling, and the lack of precise episodes, are usually symptoms in adolescents than adult bipolar disorder, and often is the most prominent characteristic of bipolar disorder in children and adolescents (Geller & Luby, 1997).

The required component of a Major Depressive Disorder is either depression or having no interest in enjoyable functions (American Psychiatric Association, 2000). In small children and teens the mood is often more exasperation than sadness. According to the American Psychiatric Association (2000), the person must also indicate some other symptom from the following list: a loss or gain in weight, a change in sleep patterns, decrease in energy, struggle with thinking, focusing, or making decisions; or frequent thoughts of death or suicide, plans, or attempts. Children with depression does not mean the child has an intimate vulnerability nor is it the product of inadequate parenting (Cash, 2003). Children with depression may show signs of defiance or opposition and withdraw from friends (Crundwell & Killu, 2007). On the Children's Depression Inventory, which is a test that calculates the occupying and severity of definitive depressive symptoms in young people, teens with high depression results are less inclined to earn a high school diploma (Kandel, Raveis, & Davies, 1986).

Children and adolescents who suffer from depression is frequently comorbid with some form of anxiety disorders, attention-deficit/hyperactivity disorder, oppositional

defiant disorder, and conduct disorder (Fleming & Offord, 1990). Depression joined with other disabilities frequently results in educators being bewildered about the student's condition and therefore not recognizing the signs of depression (Kendall, Brady, & Verduin, 2001). According to Poland and Lieberman (2002), suicide attempts are much more universal in children and teens diagnosed with a mood-related disability. Furthermore, suicide rates for children ages five to fourteen have doubled over the past twenty years (Klein-Lombardo, 2012).

According to the DSM-IV-TR, bipolar disorder is divided into the following four domains: bipolar I disorder, bipolar II disorder, cyclothymic disorder, and bipolar disorder not otherwise specified. However, the researcher will only discuss bipolar I and bipolar II in this study. The major trait of bipolar I disorder is characterized by the reoccurrence of an elevated or agitated mood known as mania, or a mixed episode of mania and depression (Vieta, Gasto, Otero, Nieto, & Vallejo, 1999). A Manic Episode usually is described as euphoric, cheerful, good or high. Inflated self-esteem that can range from extreme self-confidence to pronounced grandiosity that can extend to delusional proportions is typically present. Alternating moods between sadness, irritability, and euphoria characterizes a mixed episode (Mitchell, Wilhelm, Parker, Austin, Rutgers, & Malhi, 2001). Changes between euphoria and irritability are often seen in adolescents diagnosed with Bipolar I Disorder (Goodwin & Jamison, 2007).

Bipolar II Disorder is the occurrence of feelings of sadness, irritability, insomnia, change of appetite, irritability or angry outburst, known as major depressive disorder, accompanied by one or more Hypomanic Episode (Benazzi, 2000). The distinction between Hypomanic Episodes and Manic Episodes is in a Hypomanic Episode, there

must be at least one other symptom drawn from a list that includes no desire for sleep, increase in rapid speech, unorganized thought process, distractibility, heightened engagement in goal-directed exercises or psychomotor turbulance, and participating in activities that are often dangerous. These activities often include severe buying sprees and sexual indiscretions (Mitchell, et al., 2001).

In the classroom setting, mood disorders present a significant challenge due to symptoms that can cloud memory, recall, desire, problem solving, job completion, motor and physical skills, and social communications (Hammen & Rudolph, 2003; Nolen-Hoeksema et.al., 1992). Teachers need to be trained in what behaviors to look for and how to deal with those behaviors (Nolen-Hoeksema et.al., 1992). Teachers and staff need to be trained that aggression can be a symptom of depression (Bain & Farris, 1991). Similarly, school personnel need to become aware of the changes in mood episodes (Cash, 2003).

Anxiety Related Disorders. The most prevalent mental health concerns presently practiced by children and teens is anxiety disorders (Velting, Setzer, & Albano, 2004). Children with anxiety-related disabilities frequently show an unreasonable response to some incremental events (Beck, 2005). Excessive anxiety in childhood, notable when untreated, is a crippling condition with many possible long-term negative after-effects, including educational inferiority, drug and alcohol abuse, psychiatric complications and little social support (Velting, et al., 2004). Adolescents that are frequently anxious and withdrawn struggle with much distress in the educational environment (Klein-Lombardo, 2012). These disorders typically comprise of separation anxiety, selective mutism, obsessive-compulsive disorder, and posttraumatic stress disorder (Masia, Klein, Storch,

& Corda, 2001). According to Sharp, Sherman and Gross (2007), approximately twenty percent of children in the U.S. have an impairing anxiety disorder.

For some children, usually after resolving normal childhood anxiousness, a definitive condition may emerge known as separation anxiety disorder (Grills & Ollendict, 2003). This disorder decidedly interferes with normal activities and developmental functions. Characteristics often include extravagant and amplified anxiety about real or foreseen separation from important attachment figures (American Psychiatric Association, 2000). The most prevalent symptoms often include exaggerated worry about possible harm to self or other loved ones, hallucinations or dreams about separation, physical complaints (headaches, stomachaches, nausea), cardiovascular complaints (heart palpitations, dizziness), panic attacks when separated, and super abundant need to get in touch with guardians during separation (American Psychiatric Association, 2000). Severity of symptoms can range from anticipatory nervousness to extreme anxiety related to separation, however children are most often seen by a clinician when separation anxiety disorder interferes with school attendance or substantial repetitive abdominal pain (Francis, Last, & Strauss, 1997). The average age of the onset separation anxiety is about seven (Masi, Mucci, & Millepiedi, 2001). Separation anxiety disorder appears to be equally diagnosed in males and females (Eisen & Schaefer, 2005).

Selective Mutism Disorder. A student with selective mutism usually demonstrates shyness or social anxiety and is a misconceived childhood disorder that affects roughly one percent of adolescents (Bergman, Piacentini, & McCracken, 2002; Elizur & Perednik, 2003). Selective mutism is a term that was first created with the publication of the DSM-IV to emphasize that the bizarre behavior has a selective attachment on any

given social situation. According to the American Psychiatric Association (2000), selective mutism is defined as:

> a consistent failure to speak in social situations in which there is an expectation for speaking (e.g. at school) despite speaking in other situations. The disturbance interferes with educational or occupational achievement or with social conversations not better accounted for by a communication disorder (e.g. stuttering) or by a lack of knowledge of the spoken language required in the situation; duration of at least one month. (p.127)

These verbal delays can often be diagnosed as a communication disability or a minor communication delay such as extreme shyness (Krohn, Weckstein, & Wright, 1992). According to Krohn, Weckstein and Wright (1992), earlier descriptive studies beginning in 1953 as well as a study in 1981 and according to Steinhausen and Juzi (1996), these studies discovered documentation of slow verbalization, articulation deficits, and other communication disabilities in excess of thirty percent of children assigned to a clinician for selective mutism.

Obsessive-Compulsive Disorder. Another anxiety disorder in which students have uncontrollable thoughts, feelings, and ideas is obsessive-compulsive disorder (OCD) (DeSilva & Rachman, 2004). OCD is a disorder in which students are frequently obsessed and often repeats behaviors. Usually, the behaviors are a result of the student trying to get rid of the obsessive thoughts (DeSilva & Rachman, 2004). According to Subramaniam, Soh, Vaingankar, Picco, and Chong (2013), OCD governs a persistent ad paralyzing course which interferes with a person's ability to function and their wellbeing and results in a rather adverse impingement on the lives of both patients and their

families. A recently completed research found that young people with OCD who had little understanding into their condition suffered more from: a) the ability to recognize the illogicalness of their obsessions and compulsions, b) show a decline in academic performance, c) exhibit greater symptoms of depression, d) adaptive functions is more distorted, and e) a compromised perception over controlling their environment than young people who had sufficient insight into their OCD (Lewin, Bergmon, Peris, Chang, McCracken, & Piacentini, 2010).

Post-Traumatic Stress Disorder. The DSM-III and subsequent DSM definitions of Post-Traumatic Stress Disorder (PTSD) are based on a traumatic event or events experienced by the student. PTSD, according to the DSM, linked etiologically, according to the cause of the event, in contrast to ordinary stressful experiences (Breslau, 2002). Students suffering from PTSD often associate things they see, touch, or smell with the traumatic event. This in turn causes a reoccurrence of the stressful situation in their mind (Carrion, Weems, Ray, & Reiss, 2002). Even though PTSD in adults have been widely studied, there has been very little treatment for children and adolescents diagnosed with PTSD (VanderOrd, Luassen, Emmerik, & Emmelkamp, 2010). The development of treatments for PTSD in childhood has not been as prevalent as the treatment for PTSD for adults (Bisson, Ehlers, Matthews, Pilling, Richards, & Turner, 2007; Silverman, Ortiz, Viswesvaran, Burns, Kolko, Putman, & Amaya-Jackson, 2008).

A great amount of observation during the past ten to twenty years and the impact of trauma on children and adolescents has been beneficial (Briere & Elliott, 1994; Finkelhor, Ormrod, & Turner, 2007a; Kendall-Tackett, Williams, & Finkelhor, 1993). Adolescents diagnosed with PTSD have shown poor overall memory performance,

impaired thinking development, shortfalls in structure needed for learning and loss of noncognitive reactions (Moradi, Doost, Taghavi, Yule & Dalgleish, 1999). Another important factor to consider when looking at students with emotional disabilities may be their ability to sustain their learned social skills and learned mental health progress in the regular educational setting.

Sustainability Domain

Several problems of progression or re-entry into the public school settings have been determined: inappropriate placement according to age, incorporating transmission of service, social adjustment, proper transition plans, working with home-bound students, and proper evaluations of the programs (Walter & Petr, 2004). In addition to these problems, another important aspect of transition or sustainability is the student's ability or determination to work through the program, self-determination.

Although there is little research that explores the challenges of students transitioning from a restrictive environment to a less restrictive environment, some conclusions can be inferred from related studies of students with emotional or behavioral disorders transitioning from school to adulthood (Saleebey, 1992). In these studies, certain risk and resilience factors have been identified. A defining notion has been established that resilience concerns are successfully coping with or overcoming risk and adversity or developing competence when faced with stress or hardship (Garmezy, Mastern & Tellegen, 1984). More than once, researchers have discovered that a large number of students who have grown up in the most detrimental circumstances often grow up to become dynamic and capable adults (Connor, Doerfler, Toscano, Volungis, & Steingard, 2004). Accordingly, adaptability research has surfaced from studies of

expanding risk. Adaptability research asks the question: Are there components, structures, and proceedings that allow some high-risk children to gain personal and academic success when facing adversity? Results of this study have encouraged teachers that are purposely advocating resilience may aid in compensating the dangerous circumstances confronting children with emotional or behavioral disorders (Doll & Lyon, 1998).

Dangerous circumstances of the young people include: frequent school declines, mental illness, social skills deficits, poverty, substance abuse, peer pressure, legal issues, under educated parents, maladjusted families, poor parenting skills, child abuse, physical disabilities of guardian or child, or parent, guardian mental illness or incapacity, and an extensive family size (Doll & Lyon, 1998). Protective factors often coincide with resilience. Examples of defensive circumstances are: a protective support system, a decrease of self-defeating acts, obtainable goals, and undergoing success toward accomplishing those goals (Soenen, Goethals, Spriet, D'Oosterlinck, & Brockaert, 2013). It is clear that the web of risk and protective factors in a student's life is complex and is affected by many life circumstances.

Successful transition or sustainability, back into their regular school environment, often does not progress in clear, steady stages. One of the hallmarks of students with emotional or behavioral disorders is variability of their behaviors. To see a child who has been successful quickly start displaying inappropriate behaviors for no foreseen reason can by mystifying (George & Fogt, 2005). Thus, a pivotal part of transitions is the capacity to provide support and structure to students even during these difficult times.

Staff members and programs willing and able to go the extra mile can make a difference in a student's life (Bullis & Benz, 1998).

Teachers in both the segregated schools as well as in the public schools take transitions very seriously. Transitioning a pupil unprepared back into the public school setting often results in the student returning to the segregated school and at times becomes a sequence of repeating process (D'Oosterlinck, Broekaert & Denoo, 2006). Students who have exhibited antisocial behaviors in the past often are not accepted by the school personnel, guardian and their peers. Scenarios such as these not only produce depressed self-esteem and failure child, but can escalate stress between the segregated school and the public school district (Soenen, Goethals, Spriet, D'Oosterlinck, & Broekaert, 2009).

The sustainability domain is defined as a commitment to sustain an intervention. Sustainability will be explored by the researcher in terms of successful transition from a restrictive school setting to public school setting. Very little research exists related to this specific transition. Therefore, research regarding adolescent students making these transitions is reviewed from foster care to home, from residential treatment to home, from incarceration to home, and from high school to the adult world.

The ultimate goal is usually the transition back into their home setting. For students transitioning from a residential facility back into the home can be very challenging due to family relationships being strained during treatment. (Connor, Doerfler, Toscano, Volungis, & Steingard, 2004). According to Alexander (2009), when a person is released from prison, the transition back into their home life may be challenging. Their child could have been absent for such a long period of time that they

feel completely unsettled and lost. Frequently, during their absence their children have grown substantially, and the absence causes a strain on their relationship (Alexander, 2009).

Adults often ask their child or student "What do you want to do after you finish high school?" (Grunfeld, 2003, p.2). Transition planning is an excellent tool in helping the student prepare for life after high school (Grunfeld, 2003). Their IEP and what they did in school should have included goals, activities and opportunities to help the student begin to plan and prepare for the transition to the adult world (Walter & Petr, 2004).

Special Day School

A common burden in regards to a specialized behavioral curriculum is that skills attained in the special education day school setting do not generalize in the natural environment (Duncan, Forness, & Hartsough, 1995). Since adolescent's most common apprehensive predicaments occurred at school, incorporating mediations offered in the special day school setting into the public school setting contribute the greatest convenience for essential change and security (Lipsky& Gartner, 1997). Considering a lot of emotional or behavioral disabilities are developmental disabilities and may never be eliminated altogether, educators need to implement the focused and uninterrupted interventions required to aid these pupils to be prosperous over time (Mattison & Felix, 1997). Best practice indicates that it is essential to have careful transition planning and collaboration between the segregated school and the public school. When such a collaboration is nurtured over time, a feeling of trust and confidence develops between the two organizations; the educators in the public school believe that the segregated school will transition students when they are ready and provide the needed supports, and

the educators in the segregated school believe the students will be treated in a fair manner when they transition to public school (Rock, Rosenberg, & Carran, 1995).

CHAPTER III - METHODOLOGY

This chapter describes the research method design used for this study on the roles of a special day school for EMD students and the perspectives regarding care of the students enrolled in special education day schools for emotionally disabled students. Research questions and hypothesis are outlined. The rationale for the method of selecting the school employees and parents as the research population is explained. The contents of Chapter III consist of the participants, research design, procedures, and analysis of data. The chapter then describes the instrument that was used to collect data in the study. The independent and dependent variables are explained along with the statistical processes that were used to analyze data.

Research Design

The research design for this study regarding the perspectives regarding care was non-experimental and employed quantitative analyzes. Data was gathered from a questionnaire completed by the parents and staff of the Research School, which is a private nonprofit school for students with a ruling of emotional disability. The questionnaire focused on four separate domains: 1. Academic Domain, 2. Social Skills Domain, 3. Mental Health Domain, and 4. Sustainability Domain.

Research Questions and Hypotheses

Research Question

The researcher sought to determine if the staff's responses were significantly different than the parent's responses. The hypotheses and research questions were as follows:

Hypotheses

H1-There would be a statistically significant difference between the perspectives of parents and staff in the successes of the Day School meeting the standards in the academic domain.

H2-There would be a statistically significant difference between the perspectives of parents and staff in the successes of the Day School meeting the standards in the social skills domain.

H3-There would be a statistically significant difference between the perspectives of parents and staff in the successes of the Day School meeting the standards in the mental health domain.

H4-There would be a statistically significant difference between the perspectives of parents and staff in the successes of the Day School meeting the standards in the sustainability domain.

Participants in the Study

Parents, teachers, therapist, principals, case managers, and behavior management technicians were asked to complete the survey. The study sample was 77 parents and 47 staff members of Research Day Schools located in Hattiesburg, Jackson, and Gulfport, Mississippi. This population offered a representative sample of parents of students enrolled in the Research Day School and the various staff of the school.

A pilot test was administered to 20 participates prior to the study in order to determine reliability, validity, and item clarity of the questionnaire. The data constructed from the pilot test participants was analyzed using the statistical program SPSS. The Cronbach alpha reliability coefficient test was used to determine reliability.

Instrumentation

Prior to instrument distribution, the researcher requested and received mandated IRB approval through the University of Southern Mississippi. The instrument was adapted by the researcher for this study and is entitled Parents and Staff: (see Appendix A). Due to the lack of availability of an instrument with content that would allow the researcher to thoroughly address the purposes of this study, the researcher developed an instrument that was distributed to parents of the students enrolled in the Research School program, principals, therapists, teachers, case managers and behavioral management technicians employed by the school. The principals provided permission for implementation of the study (Appendix C).

In order to provide the researcher with information about the participants, the instrument requested personal demographic information including gender and race. This section of the instrument also requested information on the participants' length of employment and/or child's enrollment, size of the school including the number of faculty members and the location of the day school. The instrument also solicited information concerning school characteristics (e.g., school level – elementary school, middle school or high school).

The instrument contained items developed to allow parents and staff to describe their perspectives regarding the academic, social skills, mental health, and sustainability of the students enrolled in the day school program. The survey used a Likert Scale format, requiring responses from among six ordinal ratings in which 1 = "Strongly Disagree", 2 = "Disagree", 3 = Slightly Disagree, 4 = "Slightly Agree", 5 = "Agree", 6 =

"Strongly Agree." The ratings provided to the participant were developed to prevent neutrality and force an "agree" or "disagree" response.

Demographic Items

A demographic questionnaire was developed for this research and asked participants about their personal characteristics, including gender (Male/Female), race (African American/ Caucasian/Hispanic/Native American/Other). A second set of demographic items requested professional information, including the relationship to the Research School (Behavior Management Technician (BMT)/Teacher/Case Manager/Therapist/Principal), the number of therapist in the school, the average class size at the school (<5/5-9/10-14/15-19/>20) the grade levels taught at the school (K-6/K-12/7-12), the number of faculty members at the school (<5/5-9/10-14/15-19/20-24/25-29/30-34/35-39/40-44/45-50/>50), the location of the school (Jackson/Hattiesburg/Gulfport), the length of employment or number of years the child had been enrolled in the day school program (<1 year/1-2 years/3-4 years/>5 years).

SPSS was used to analyze all the data. Descriptive statistics were used to provide analyzes of the data in the form of frequencies, percentages, means, and standard deviations. Once these data was collected, it was analyzed to provide answers to the research questions and hypotheses above.

Academic Domain

Seven questions in Section A, numbered 1-7, were designed with the intent to measure the perception of care the students received from the parents, behavior management technicians, teachers, case managers, therapists and principals within the academic setting. The participants reflected on the statements using the previously

described Likert Scale with a possible average score of 6. The overall scores of the parents were compared to the overall scores of the staff of the Research School in order to determine the differences in the perception of care the students received in the academic domain. Questions 1, 2 and 7 were geared toward the atmosphere of the classroom, whereas, questions 3-6 were geared toward the actual academics offered in the school.

Social Skills Domain

Seven questions in Section B, numbered 1-7, were designed with the intent to measure the perception of care the students received from the parents, behavior management technicians, teachers, case managers, therapists, and principals within the social skills setting. The overall scores of the parents were compared to the overall scores of the staff of the Research School in order to determine the differences in the perception of care the students received in the social skills domain. Questions 4, 6 and 7 were geared toward teaching the students to self-reflect on their behaviors whereas questions 1, 2, 3, and 5 were geared toward teaching the students means to express their feelings.

Mental Health Domain

Six questions in Section C, numbered 1-6, were designed with the intent to measure the perception of care the students received from the parents, behavior management technicians, teachers, case managers, therapists, and principals with the mental health setting. The overall scores of the parents will be compared to the overall scores of the staff of the Research School in order to determine the differences in the perception of care the students are receiving in the mental health domain. Questions 1-3

were geared toward the number of hours of therapy the student and parents are receiving. Question 4 was geared toward the communication between the therapist and parents. Questions 5-6 were geared toward the opportunity for participation in the treatment plan of the student.

Sustainability Domain

Eight questions in Section D, numbered 1-8, were designed with the intent to measure the perception of care students received from the parents, behavior management technicians, teachers, case managers, therapists, and principals with the sustainability setting. The overall scores of the parents will be compared to the overall scores of the staff of the Research School in order to determine the differences in the perception of care the students received in the sustainability domain. Questions 1, 4, and 7 were geared toward the sustainability of learned behaviors over a three-month period. Questions 2, 5 and 8 were geared toward the sustainability of learned behaviors over a six-month period. Questions 3 and 6 were geared toward the sustainability of learned behaviors over a 12 month period.

Instrument Validity and Reliability

In order to ensure content validity of the developed instrument, the researcher assembled a panel of experts. These professionals included an administrator of a privately-owned facility for students with behavioral disorders, two principals of private day treatment facilities for students with behavioral disorders, a behavior specialist from a public school district and a special education director of a public school district that worked with students placed in private day treatment programs. The panel members' responsibilities included determining whether the survey was appropriate and whether

items were suitable for the purposes of the study. The researcher requested that each of the experts complete and return a validity questionnaire (Appendix B), along with any additional recommendations for modifications they believed would improve the overall validity and utility of the instrument.

Reliability was verified by piloting the approved survey among 33 participants which included: twenty parents, two principals, two therapists, one case manager, five teachers, and three behavior management technicians. In order to ensure reliability, a Cronbach's alpha was used as a measure for internal consistency of the overall instrument and subscales. These evaluations enabled the researcher to strengthen the validity and reliability of the instrument and to determine its overall suitability for the implementation of this study. Table 1 provides the Cronbach's alpha for each domain.

Table 1

Pilot Study – Cronbach's alpha for Academic, Social Skills, Mental Health and Sustainability Domains

Subscale	Cronbach's alpha
Academic Domain	.701
Social Skills Domain	.721
Mental Health Domain	.803
Sustainability	.776

Data Collection Process

A total of 124 persons participated which included: 77 parents of students enrolled in 3 Research Day Schools, 3 principals, 17 teachers, 17 behavior management technicians, 4 case managers, and 6 therapists were included in this study. The

researcher distributed letters to the principals of the 3 separate schools, requesting clearance to survey the parents and employees of the schools (Appendix C). The letter explained that permission must be provided by the school principals before any surveys would be distributed to the parents and employees. The principal's returned permission form signified consent. The researcher accumulated all of the signed permission forms and included them in the application requesting Institutional Review Board (IRB) approval. Upon IRB approval (Appendix D), the researcher then secured clearance to begin the distribution of the instrument to participants in order to collect data.

Each participant was provided a copy of the informed consent letter (Appendix E). Within the consent letter, the participants were informed that their participation was voluntary. They also were informed that if they did choose to participate, they could not be individually identified and that all of their responses would be kept confidential and not be shared with other persons in any form other than as summary information. They were also assured that they would not be individually identified on any of the surveys or reports. The surveys were coded in a manner that allowed the researcher to determine the relationship to the school; whether parent or employee. Participants also received assurance within the consent letter that there would not be any penalty if they decided not to participate. Parents would receive a copy of the instrument at the end of their monthly progress meeting. They had a choice to complete the survey on site or take it home and return at a later date. Each participant was provided with a copy of the informed consent letter (Appendix E). Within the consent letter, the participants were informed that their participation is voluntary.

The participants in this study were provided with the researcher's contact information in case they wanted further clarification on any aspect of this study. Participants were further informed that while neither they nor their schools would be identified in the written results of the study, they may obtain copies of the results by contacting the researcher.

Analysis of Data

For this quantitative study, the responses were analyzed using descriptive statistics and t-tests. Significance tests were conducted to determine whether or not to accept or reject the null hypothesis at $p \leq .05$. The descriptive statistics allowed both the researcher and the readers to further examine any gathered information pertaining to the participants within the study. The responses compiled from the completed instruments provided the researcher the information required to determine the statistical means for the parents' perception of care versus the staff's perception of care based on academics (section A), social skills (Section B), mental health (Section C) and sustainability (Section D).

Summary

The methodology used in this study included survey research comprised of a series of questions concerning the four domains: academic, social skills, mental health, and sustainability. The methodology was based on principles included in Malcom Provus's Discrepancy Evaluation Model.

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CHAPTER IV – RESULTS

The purpose of this study was to make a comparison of the care the students were receiving in a special school for emotionally/behaviorally disabled students. The comparison was between the parents of the students enrolled and the staff that cared for the students while at school. The study reviewed four separate domains: academic, mental health, social skills, and sustainability. The study was conducted in May 2016. The questionnaire, "Parents and Staff" was mailed to 20 public school districts across the state of Mississippi and 14 school districts returned a completed questionnaire. Each of the school districts had students enrolled in the special school. This represents a response rate from the districts of 70%. The total number of participants, parents and staff, included in the study were 124. The participants were asked to complete 10 demographic items, 7 items relating to the academic domain, 7 items relating to the social skills domain, 7 items relating to the mental health domain and 8 items relating to the sustainability domain.

Background Items

The participants were asked to indicate their relationship to the special school, as a staff member (Teacher, BEI, Therapist, Principal, and Case Manager) or a parent. The combined staff members participated totaled 47 (38%) and the total parents who participated was 77 (62%). The participants were asked to indicate the number of years they have been associated with the program. The largest proportion of the participants had 3-4 years of association with the program, followed by 1-2 years of experience, with the smallest number of participants indicating more than 4 years of experience with the RS. Table 2 provides frequencies and percentages for these data.

Table 2

Frequencies and Percentages of Participants and number of years associated with the program (N=124)

Variable	Frequency	Percentage
Participants		
BEI	22	17.6
Teacher	15	12.0
Therapist	5	4.0
Case Manager	5	4.0
Parent	77	28.9
No Response	1	0.8
Number of Years		
<1 year	14	11.2
1-2 years	37	29.8
3-4 years	39	31.5
5 years	21	16.9
>5 years	13	10.5
No Response	1	0.8

The participants were asked to indicate the number of therapist employed by the school. Most of the 124 participants, indicated the school they were associated with employed 2 therapist, followed by 3 therapists employed, with the smallest number of participants indicating the RS had 4 therapist employed. The participants were asked how many students attended the school they were associated with the largest number of participants indicating that the student population was 26-35 students, followed by those with 36-45 students enrolled, with the smallest number of participants indicating they were unsure of the number of students enrolled at the school. The participants were asked to indicate the grades taught at the school in which they were associated. The largest proportion indicated that the school taught students enrolled in grades 7-12, followed by

students enrolled in grades K-12, with the smallest number of participants indicating they were unsure of the grades taught at the school. Table 3 provides frequencies and percentages for these data.

Table 3

Frequency and Percentages of Number of Therapist and Students enrolled in each school and the grade levels taught at each school (N=124)

Variable	Frequency	Percentage
Number of Therapists Employed by each RS		
1	3	2.4
2	61	48.8
3	50	40.0
4	5	4.0
Unsure	5	4.0
No Response	1	0.8
Number of Students Enrolled in each RS		
<25	5	4.0
26-35	45	36.0
36-45	42	33.6
>45	21	16.8
Unsure	11	8.8
No Response	1	0.8
Grade Levels Taught in each RS		
K-6	3	2.4
K-12	35	28.0
7-12	78	62.4
Unsure	5	4.0
No Response	3	2.4

Participants were asked to report the average class size at each school involved in the study. The greatest proportion of the participants indicated that the school they were associated with had a class size of 10-14 students, followed by 5-9 students per class, with the smallest number indicated they did not know the average class size taught at the

school they were associated. Participants were asked the number of faculty members employed at the school in which they were associated. The largest proportion of participants reported 15-19 faculty members employed, followed by 20-24 faculty members, with the smallest number of participants indicating the school they were associated with employed 10-14 faculty members. The participants were also asked the location of the school. The largest proportion of the participants indicated the largest school population was the Hattiesburg school, followed by the Jackson school, then the Gulfport school. Table 4 provides frequencies and percentages for these data.

Table 4

Frequencies and Percentages of Class size, faculty members at each RS and location of the school (N=124)

Variable	Frequency	Percentage
Class Size		
5-9	46	36.8
10-14	56	44.8
15-19	7	5.6
Unsure	15	12.0
Faculty Members Employed by RS		
5-9	1	0.8
10-14	29	23.2
15-19	52	41.6
20-24	41	32.8
Unsure	1	0.8
Location of School		
Jackson	39	31.2
Hattiesburg	61	48.8
Gulfport	24	19.2

The participants were asked to indicate their race. The largest number of participants indicated their race as black, followed by Caucasian, the Hispanic. The last item in the demographic section of the instrument asked the participants to reveal their gender. The largest number of participants in the last item were female. Table 5 provides frequencies and percentages for these data.

Table 5

Frequencies and Percentages of race and gender, (N=124)

Variable	Frequency	Percentage
Race		
Black	57	45.6
Caucasian	48	38.7
Hispanic	16	12.9
Native American	2	1.6
Other	1	0.8
Gender		
Male	42	32.8
Female	82	65.6

Descriptive Statistics for Hypothesis Variable Domains

Following the demographic items on the instrument, the participants were asked to provide responses within four domains: academic, social skills, mental health and sustainability. These domains were related to Research Question 1 (academic), Research Question 2 (social skills), Research Question 3 (mental health), and Research Question 4 (sustainability). Participants were asked to respond to each item in the domains using a Likert scale response. An adequate Cronbach's alpha (0.70) including all variables was

attained for the survey instrument. The results of the analysis for each domain are reported below.

Table 6

Real Study vs. Pilot Study – Cronbach's alpha for Academic, Social Skills, Mental Health and Sustainability Domains

	Cronbach's alpha	
Subscale	Pilot Study	Study
Academic Domain	.701	.520
Social Skills Domain	.721	.380
Mental Health Domain	.803	.450
Sustainability	.776	.120

The first domain, Academic, consisted of seven items regarding the participants perceptions of the academics provided by the specialized schools. This domain was used to answer Research Question 1, "How successfully is the Day School meeting the standards in the academic domain?" The participants were asked to choose the response that best described their perceptions of the care provided by the day school. The Likert scale was as follows: 1=Strongly Disagree, 2=Disagree, 3=Slightly Disagree, 4=Slightly Agree, and 6=Strongly Agree. A Cronbach's alpha (0.52) was attained for this domain.

The overall mean of the domain was 3.81 on a 1-4 point scale. This mean indicates that participants agreed that the schools they are associated with is meeting the standards in the academic domain. Item 17 of the academic domain, "The school encourages all students to enroll in challenging courses regardless of their disability" had the highest mean (M=4.09, SD=1.47) of all the items in the academic domain. Item 13 of the academic domain, "The school expects high quality work from each student" had the

second highest mean (*M*=4.07, *SD*=1.50) of all the items in the academic domain. Item 11 of the academic domain, "This school promotes academic success for all students" had the lowest mean (*M*=3.5, *SD*=1.87) of all the items in the academic domain. The means reported in the table below are ordered from highest to lowest. Table 7 provides means and standard deviations for these data.

Table 7

Descriptive Statistics for the Academic Domain (N=124)

Academic	Item	Mean	Std. Deviation
This school encourages all students to enroll in challenging courses regardless of their disability.	17	4.09	1.47
This school expects high quality work from each student.	13	4.07	1.51
This school provides an inviting place for students to learn.	12	3.89	1.57
This school has high quality academic programs for the student's progress in school.	14	3.70	1.63
This school motivates the students to learn.	16	3.70	1.55
This school provides instructional materials that reflect each student's culture, ethnicity and identity.	15	3.66	1.61
This school promotes academic success for all students.	11	3.50	1.87
Overall		3.89	1.56

The second domain, Social Skills, consisted of seven items regarding the participants perceptions of the academics provided by the specialized schools. This

domain was used to answer Research Question 2, "How successfully if the Day School meeting the standards in the Social Skills domain?" The participants were asked to choose the response that best described their perceptions of the care provided by the day school. The Likert scale was as follows: 1=Strongly Disagree, 2=Disagree, 3=Slightly Disagree, 4=Slightly Agree, and 6=Strongly Agree. A Cronbach's alpha (0.38) was attained for this domain.

The overall mean of the domain was 3.83 on a 1-4 point scale. This mean score indicates that participants agreed that the schools they are associated with are meeting the standards in the Social Skills domain. Item 23 of the social skills domain, "The school teaches the students to seek assistance when needed" had the highest mean (*M*=3.93, *SD*=1.58) of all the items in the social skills domain. Item 19 of the social skills domain, "The school teaches the students to tolerate being told "no" had the second highest mean (*M*=3.88, *SD*=1.4) of all the items in the social skills domain. Item 20 of the social skills domain, "This school teaches the students to express frustration appropriately" had the lowest mean (*M*=3.72, *SD*=1.62) of all the items in the social skills domain. The means reported in the table below are ordered from highest to lowest. Table 8 provides means and standard deviations for these data.

Table 8

Descriptive Statistics for Social Skills Domain (N=124)

Social Skills	Item	Mean	Std. Deviation
This school teaches the students to seek assistance when needed.	23	3.93	1.58
This school teaches the students to tolerate being told "no".	19	3.88	1.40

Table 8 (continued).

This school teaches students to engage in age-appropriate activities during unstructured breaks.	24	3.87	1.52
This school teaches the students to apologize for their mistakes.	22	3.84	1.56
This school teaches the students to acknowledge their own errors/mistakes.	21	3.80	1.54
This school teaches the students how to respond to questions appropriately.	18	3.79	1.54
This school teaches the students to express frustration appropriately.	20	3.72	1.62
Overall		3.84	0.71

The third domain, mental health, consisted of seven items regarding the participants perceptions of the mental health provided by the specialized schools. This domain was used to answer Research Question 3, "How successfully if the Day School meeting the standards in the mental health domain?" The participants were asked to choose the response that best described their perceptions of the care provided by the day school. The Likert scale was as follows: 1=Strongly Disagree, 2=Disagree, 3=Slightly Disagree, 4=Slightly Agree, and 6=Strongly Agree. A Cronbach's alpha (0.45) was attained for this domain.

The overall mean of the domain was 3.83 on a 1-6 Likert point scale, which indicates that participants agreed that the schools they are associated with are meeting the standards in the mental health domain. Item 30 of the mental health domain, "The school

provides the parents the opportunity to participate in their child's treatment plan" had the highest mean (*M*=4.04, *SD*=1.50) of all the items in the mental health domain. Item 24 of the mental health domain, "The school provides the parents with information concerning their child's therapy progress" had the second highest mean (*M*=4.03, *SD*=1.52) of all the items in the mental health domain. Item 29 of the mental health domain, "This school provides the students the opportunity to participate in his/her treatment plan" had the lowest mean (*M*=3.36, *SD*=1.77) of all the items in the mental health domain. The means reported in the table below are ordered from highest to lowest. Table 9 provides means and standard deviations for these data.

Table 9

Descriptive Statistics for Mental Health Domain (N=124)

Mental Health	Item	Mean	Std. Deviation
This school provides the parents the opportunity to participate in their child's treatment plan.	30	4.04	1.50
This school provides the parents with information concerning their child's therapy progress.	28	4.03	1.52
This school teaches students better methods in which to express his/her anger.	31	4.00	1.45
This school provides individual therapy each week.	25	3.94	1.62
This school provides group therapy each week.	26	3.88	1.53

Table 9 (continued).

This school provides the parents with family therapy monthly.	27	3.54	1.59
This school provides the students the opportunity to participate in his/her treatment plan.	29	3.36	1.77
Overall		3.82	0.6753

The fourth domain, sustainability, consisted of six items regarding the participant's perspectives of the students ability to sustain new behaviors taught by the specialized schools. This domain was used to answer Research Question 4, "How successfully if the Day School meeting the standards in the sustainability domain?" The participants were asked to choose the response that best described their perceptions of the care provided by the day school. The Likert scale was as follows: 1=Strongly Disagree, 2=Disagree, 3=Slightly Disagree, 4=Slightly Agree, and 6=Strongly Agree. A Cronbach's alpha (0.12) was attained for this domain.

The overall mean of the domain was 3.63 on a 1-6 point scale, which indicates that participants agreed that the schools they are associated with are meeting the standards in the sustainability domain. Item 39 of the sustainability domain, "The students maintain their target behavior for at least twelve months" had the highest mean (M=3.96, SD=1.63) of all the items in the sustainability domain. Item 37 of the sustainability domain, "The students maintain their target behavior for at least three months" had the second highest mean (M=3.93, SD=1.37) of all the items in the sustainability domain. Item 34 of the mental health domain, "The students maintain

nonaggressive (verbally and physically) for at least three months" had the lowest mean the table below are ordered from highest to lowest. Table 10 provides means and standard deviations for these data.

Table 10

Descriptive Statistics for Sustainability Domain (N=124)

Social Skills	Item	Mean	Std. Deviation
The school teaches the students how to participate in cooperative learning for at least three months.	32	3.98	1.51
The students maintain their target behavior for at least twelve months.	39	3.96	1.63
The students maintain their target behavior for at least three months.	37	3.93	1.37
The students maintain their target behavior for at least six months.	38	3.76	1.66
This school teaches how to participate in cooperative learning for at least six months.	33	3.60	1.70
The students maintain nonaggressive behavior (verbally and physically) for at least nine months.	35	3.48	1.38
The students maintain nonaggressive behavior (verbally and physically) for at least twelve months.	36	3.48	1.59
The students maintain nonaggressive behavior (verbally and physically) for at least three months.	34	3.13	1.73

Table 10 (continued).

Overall	3.62	0.677

Hypotheses Results

Hypothesis 1

Hypothesis 1 stated: "There will be a statistically significant difference between standards in the academic domain." This hypothesis addressed Research Question 1 which asked: "How successfully is the Day School meeting the standards in the academic domain?" An independent samples t-test was conducted to compare staff (M=4.0, SD=.96) and parents' (M=3.8, SD=1.3) perspective of care in the academic domain; t = .24, p = .44 to determine if there was a significant difference between the staff's perspective and the parent's perspective. The hypothesis was not supported. There is not a statistically significant difference in the perspectives of the staff and parents in the success of the Day School meeting the standards in the academic domain.

Hypothesis 2

Hypothesis 2 stated: "There will be a statistically significant difference between standards in the social skills domain." This hypothesis addressed Research Question 2 which asked: "How successfully is the Day School meeting the standards in the social skills domain?" An independent samples t-test was conducted to compare staff (M=3.7, SD=.71) and parents (M=3.9, SD=.72) perspective of care in the social skills domain; t =.75, p = .20 to determine if there was a significant difference between the staff's perspective and the parent's perspective. There is not a statistically significant difference

in the perspectives of the staff and parents in the success of the Day School meeting the standards in the social skills domain.

Hypothesis 3

Hypothesis 3 stated: "There will be a statistically significant difference between standards in the mental health domain." This hypothesis addressed Research Question 3 which asked: "How successfully is the Day School meeting the standards in the mental health domain?" An independent samples t-test was conducted to compare staff (M=3.79, SD=.57) and parents (M=3.9, SD=.72) perspective of care in the mental health domain; t =.20, p = .57 to determine if there was a significant difference between the staff's perspective and the parent's perspective. The hypothesis was not supported. There is not a statistically significant difference in the perspectives of the staff and parents in the success of the Day School meeting the standards in the mental health domain.

Hypothesis 4

Hypothesis 4 stated: "There will be a statistically significant difference between standards in the sustainability domain." This hypothesis addressed Research Question 3 which asked: "How successfully is the Day School meeting the standards in the sustainability domain?" An independent samples t-test was conducted to compare staff (M=3.6, SD=.61) and parents (M=3.7, SD=.71) perspective of care in the academic domain; t =.41, p = .60 to determine if there was a significant difference between the staff's perspective and the parent's perspective. The hypothesis was not supported. There is not a statistically significant difference in the perspectives of the staff and parents in the success of the Day School meeting the standards in the sustainability domain.

Summary

This study of the perspectives of staff regarding their care of students enrolled in a special day school for emotionally disabled children compared to the perspectives of the parents who have students enrolled in the school included 47 total staff members and 77 parents from 3 different schools in Mississippi. Even though the schools were located in the Jackson, Hattiesburg, and Gulfport, Mississippi area of the state, students enrolled in the special day school programs were from school district from across the state. The data were collected in May of 2016. The quantitative data collected were analyzed using the statistical program SPSS. The data were used to identify the care the schools are providing from the perspectives of the staff and parents. The different staff members that participated included BEI's (Behavioral Educational Interventionist) (22), Teachers (15), Therapist (5), and Case managers (5). This number indicated the number of staff participation was a true distribution of the average number of each staff member actually employed at each day school. The parents that participated in the study had children enrolled in the school day program in Jackson, Mississippi (39), Hattiesburg, Mississippi (61), and Gulfport, Mississippi (24). This indicated a true representation of the number of students actually enrolled in each of the three day schools. The data were used to identify any differences in the perspectives of the parents and staff concerning the care received while enrolled at the special day school. However, the results indicated that there was no significant differences in any of the four domains. Chapter V will offer a discussion of these results, implications for changes, if any, and further recommendations.

CHAPTER V – DISCUSSION, CONCLUSIONS, AND RECOMMENDATIONS

The main goal of this research study was to determine the differences, if any, in the perceptions of parents versus staff in the care of students enrolled in a special day school with emotional/behavioral disorders. This study examined the perceptions in relationship to four separate domains: academic, social skills, mental health and sustainability. Participants were either employed by one of three separate special schools in Mississippi or participants were parents to students who were enrolled in one of three separate special schools in Mississippi. The home schools of the students attending the three separate special day schools included fourteen different school districts from across the state of Mississippi. The participants were asked to complete a questionnaire entitled Parents Versus Staff: The Perception of Care of a Special Education Day School for Students with Emotional/Behavioral Disabilities. Their responses to this questionnaire produced quantitative data for this study. Included in this chapter are a summary of the procedures and findings, a discussion of the results, and recommendations for administrators, teachers, behavior educational interventionists, and therapists as well as recommendations for future research.

Summary of Procedures

The data collected in this research study were acquired from 124 questionnaires that were completed by parents of students enrolled in the special education day school and staff members employed by the day school in Mississippi. The researcher utilized a panel of experts to review the instrument for validity. The panel included an administrator of a privately-owned facility for students with behavioral disorders, two principals of private day treatment facilities for students with behavioral disorders, a

behavior specialist from a public school district and a special education director of a public school district who works with students placed in private day treatment programs.

Permission to conduct the study was provided by 14 school district superintendents. After superintendent approval, the researcher secured permission to conduct the study from The University of Southern Mississippi's Institutional Review Board (IRB). The researcher was then able to secure permission from staff from the research site. Prior to conducting the final study, a pilot study was conducted to test the reliability of the questionnaire. An adequate Cronbach's alpha for each subscale was obtained in the pilot study.

The questionnaire was mailed to parents during May of 2016. The questionnaire was either mailed or distributed to the staff members by an unbiased third party. Once the questionnaires were received, the researcher numbered each questionnaire in the order that it was received and entered it into the statistical program SPSS data base for analysis.

Major Findings

This section recaps the major findings of the study. The largest number of the participants (28.9%) were parents. The total staff members (38%) combined totaled 47 which included: principals, case managers, therapists, behavioral educational interventionists, and teachers. The largest proportion of the population (31.4%) reported their association with the RS as 3-4 years. In order to find the area in which the majority of the participants were located, the questionnaire asked where the RS site was located and how many students attended each school.

The following data collected from the background items are of particular interest. The majority of participants (48.8%) were from the Hattiesburg area. All three schools

served grades K-12. All three schools employed at least 2 therapists. The day school with the largest class size was the Hattiesburg site with an average of 10-14 students per class. The Hattiesburg site also had the largest number of participating employees. The majority of the participants were Caucasian females.

Results from the study also included descriptive data for responses related to four domains: academic, social skills, mental health and sustainability. Research Question 1 asked: "How successfully is the Day School meeting the standards in the academic domain?" The first domain of the questionnaire, entitled Academics, asked the participants to respond to seven items related to their perceptions of care the students are receiving using a Likert scale. The Likert scale was based on a 1-6 point scale with strongly disagree receiving a rating of 1 and strongly agree receiving a rating of 6. The mean for this domain was 3.81 which suggests the participants slightly agree that they are successfully meeting the standards in the academic domain.

There was no significant differences found from the results of the study; however, it is useful to examine responses to some of the individual items in this and other domains. Item 17 of the academic domain stated: "This school encourages all students to enroll in challenging courses regardless of their disability". This item of the academic domain had the highest mean (M=4.09) which suggests that the participants slightly agree that the school encourages all students to enroll in challenging courses regardless of their disability. The lowest mean (M=3.50) of the academic domain was Item 11 which stated: "This school promotes success for all students." The mean response to this item suggests that there is some uncertainty among the participants that the school promotes academic success for all students.

Research Question 2 asked: "How successfully is the Day School meeting the standards in the social skills domain?" The second domain of the questionnaire asked the participants to respond to seven items related to their perception of care of students enrolled in the say school program using the previously described Likert scale. The mean of the domain was 3.83, which suggests that the participants perceive that there is a slight disagreement in the social skills training received. Among individual items, Item 23 of the academic domain, which stated: "This school teaches the students to seek assistance when needed," had the highest mean (M=3.93). This suggests that the participants slightly agree that the school teaches the students to seek assistance when needed. Item 20 of the social skills domain stated: "The school teaches the students to express frustration appropriately." This item had the lowest mean (M=3.72). This data suggests that the participants also agree slightly that the day school does teach the students to express frustration appropriately.

Research Question 3 asked: "How successfully is the Day School meeting the standards in the mental health domain?" The third domain of the questionnaire asked the participants to respond to seven items related to their perception of care relating to mental health issues of students enrolled in the day school program using the previously described Likert scale. The mean of the domain was 3.54, which suggests that the participants slightly agree by a very small margin that the students are receiving the necessary mental health needed. Among individual items, Item 30 of the mental health domain, which stated: "This school provides the parents opportunity to participate in their child's treatment plan," had the highest mean (M=4.04). This suggests that the participants slightly agree that the school provides the parents the opportunity to

participate in their child's mental health treatment. Item 29 of the mental health domain stated: "The school provides the students the opportunity to participate in his/her treatment plan," This item had the lowest mean (M=3.36). This data suggests that the participants slightly disagree that the day school provides the students the opportunity to participate in his/her treatment plan.

Research Question 4 asked: "How successfully is the Day School meeting the standards in the sustainability domain?" The fourth domain of the questionnaire asked the participants to respond to eight items related to their perception of care relating to sustainability issues of students enrolled in the day school program using the previously described Likert scale. The mean of the domain was 3.96, which suggests that the participants slightly agree that the students are sustaining the appropriate learned behaviors taught at the day school. Among individual items, Item 32 of the mental health domain, which stated: "This school teaches the students to participate in cooperative learning for at least three months," had the highest mean (M=3.98). This suggests that the participants slightly agree that the school is teaching the students to sustain the appropriate behaviors to participate in corporative learning for at least three months. Item 34 of the sustainability domain stated: "The students maintain nonaggressive (verbally and physically) for at least three months," This item had the lowest mean (M=3.13). This data suggests that the participants slightly disagree that the students are maintaining nonaggressive (verbally and physically) for at least three months.

Results related to the hypotheses also provided valuable information. Data revealed there was no significant differences in the staff or parents' perspectives; therefore, Hypothesis 1 which stated: "There will be a significant difference between the

perception of parents and staff in the success of the Day School meeting the standards in the academic domain." was not supported. The results of a Pearson correlation test revealed that there is a moderate correlation between the parents and staffs' perspectives in the success of the day school meeting the standards in the academic domain.

Data revealed there was no significant differences in the staff or parents' perspectives; therefore, Hypothesis 2 which stated: "There will be a statistically significant difference between the perception of parents and staff in the successes of the Day School meeting the standards in the social skills domain." was not supported. The results of the Pearson correlation test revealed that there was a very weak correlation between the parents and staffs' perspectives in the success of the day school meeting the standards in the Social Skills domain.

Data revealed there was no significant differences in the staff or parents' perspectives; therefore, Hypothesis 3 which stated: "There will be a statistically significant difference between the perception of parents and staff in the successes of the Day School meeting the standards in the mental health domain." was not supported. The results of the Pearson correlation test revealed that there was a moderate correlation between the parents and staffs' perspectives in the success of the day school meeting the standards in the Mental Health domain.

Data revealed there was no significant differences in the staff or parents' perspectives; therefore, Hypothesis 4 which stated: "There will be a statistically significant difference between the perception of parents and staff in the successes of the Day School meeting the standards in the sustainability domain." was not supported. The results of the Pearson correlation test revealed that there was a very weak correlation

between the parents and staffs' perspectives in the success of the day school meeting the standards in the Sustainability domain.

While there was no strong significant difference in the parents and staffs' perspectives overall in each domain, there was significant differences in some of the individual items in each domain. Several interesting findings were revealed in the descriptive data and will be discussed in the next section. Additional examination would be required to fully determine the reasons for the differences in the parents and staffs' perspectives; however, the differences do present a need for additional research.

Discussion

The American psychologist and philosopher William James warned society that, "perception become reality." With this in mind, educational leaders must first know the perceptions of those they are charged with serving as well as the perceptions of those individuals who are providing the service.

It is important to note that this research study reported parents and staffs' perceptions as they are related to the care given to special education students with emotional disabilities. Therefore, conclusions drawn regarding the success or the lack of success of the day school should be made with caution. Research is plentiful in the area of emotional/behavioral disabilities. However, there has not been much research conducted in area of special schools that serve students with emotional/behavioral disabilities. It is imperative that teachers receive appropriate and effective training in best practices for emotional/behavioral students. Also, parents of students with emotional/behavioral disabilities need support and training as well to best serve their children.

The Cronbach alpha for all variables was .701; however, the Cronbach alpha in several cases when separated by domain were low so the measures were particularly unreliable. This may be why the data indicated no significant differences. However, the research study did reveal relevant information in relationship to the parents and staffs' perspectives. Item 11 in the academic domain revealed that the majority of parents disagreed that the day school program promotes academic success for all students; however, only a small number of staff felt the school does not promote academic success. Item 13 of the academic domain revealed parents do not feel the day school expects high quality work form each student; whereas, the staff indicated the students were expected to demonstrate high quality work.

The items in the social skills domain indicated the perspectives were consistently close. The day school focuses on social skills as a means to improve behavior within a group setting. Group therapy occurs three time weekly. When there is an outburst or event, the students are required to complete a restorative task to bring them back to their original appropriate behavioral goals.

In the mental health domain, item 29 revealed that the parents and staff had unfavorable perceptions concerning the school providing the students an opportunity to participate in their own treatment plan. The treatment plan is determined in their IEP meetings. Review/revision meetings are held every nine weeks to report progress on the academic and behavior goals. Students are not included in this meeting unless the parents invite the student. The IEP team consists of the RS special education teacher, the RS general education teacher, the RS principal, the RS case manager, and the RS therapist. The home school administrators are also included as well as the parents. The

treatment plan is reviewed and modifications may be made; however, the students generally go not participate in these modifications.

In the sustainability domain, item 33 revealed that the majority of staff disagreed with the students' ability to work in corporative groups for at least six months after the appropriate behaviors have been mastered; however, the parents' perspective showed they felt the students could work in corporative groups. Perhaps because the parents are not witnessing students working in cooperative groups in order to complete an academic task, the parents' perspective differs from the perspective of the staff. Moreover, the academic tasks could present challenges to the students, and with the possible challenges, come behavioral outbursts.

When looking at the data relating to each person's specific role and responsibilities both at the RS as well as the role and responsibilities of the parents, there was a significant difference in the perceptions of all participants related to the perception of the Case Manager. Perhaps this difference is due to the amount of time each participant spends with the students. The case managers' goal is to complete all the necessary documentation for each student as well as play the role of liaison between the RS and the home school. The lack of time the case manager actually spends with the students may cause his or her perception to differ from the other participants.

Limitations

The findings of this study were limited by several factors. Participant sites were limited to 3 schools in Mississippi, and the sample size produced 124 respondents. Although that was an adequate number of special education day schools as well as participants who work in the day schools to yield useable results, it is a small

representation of the total number of emotionally disabled students being served in a special day school in Mississippi. The study was also limited to staff who serve a very different role in their interactions with the students than the role of the parent, who spends considerable more time with their children. This interaction might limit their knowledge of questions that pertain to aspects of therapy that each individual child may need, the academic deficits that are directly related to the students' emotional disability, or the students' ability to sustain appropriately learned behaviors once they are in a setting outside of the school that they do not deal with on a regular basis.

The parents are not contacted by the staff for each behavior issue associated with their child due to the fact that it is a behavioral school, and the staff is more equipped to deal with those behavior issues. Therefore, the parents are unaware of many student behaviors, and this limited knowledge might create an inaccurate parental perception. If parents were notified in relationship to each behavioral issue their children were involved in, the parents' responses may have been different. Along the same lines, students frequently behave a specific way in a school setting and behave another way in their home setting, leaving a skewed perspective of their actual issues at school.

Perhaps most limiting in this area was the absence of representation of both top level administrators, such as the CEO and other higher level administrative team members, along with the board of directors of the organization. Although the current findings included the individuals directly related to the day school program, a challenge remains if those holding the decision making powers lack awareness, understanding, or concern for the unique needs of this student population. Hence, this study could have

been improved upon through the inclusion of stakeholders' representation at the top levels of authority and power.

Another limitation was the participants were only given a questionnaire containing a 1-6 point Likert scale. Perhaps an open-ended constructed response from the participants would have given a better view as to their actual perspectives. Due to the lack of parental involvement, some of the items may have been misunderstood by the parents of the students enrolled in the day school program.

Recommendations for Future Research

The following recommendations for future research arose from the findings of this study. Researchers interested in the topic of students with Emotional/Behavioral disabilities, specifically students who have not been able to remain in the public school setting due to their Emotional/Behavioral disability, could focus on one or more of the following recommendations.

1. It is recommended that research be conducted related to the specific relationship the educational staff may have with the students.
2. It is recommended that research be conducted related to specific academic and social skills deficits of the students enrolled in the day school.
3. It is recommended that research be conducted related to separation of K-6 and 7-12. There seems to be a wide range of emotional/behavior deficits between elementary/lower middle and upper middle/high school age students.
4. It is recommended that research be replicated with a less limited RS. If other research sites were included in the study, perceptions may be different depending on programming at other sites.

5. It is recommended that research be conducted among the staff employed at each research site to examine the differences in perspectives related to their specific job relationship with the students.
6. It is recommended that research be conducted among the staff employed at each research site as well as the top administration personnel.
7. It is recommended that qualitative research be conducted with parents and staff in order to better discern their perceptions of care the students are receiving at the RS. This type of research can provide deeper insights into specific program changes that are needed at the RS.

Summary

The purpose of this research study was to determine perceptions of care from the parents who have students enrolled in a day school for students with emotionally/behaviorally disorders versus the perceptions of the care from staff that work with the students enrolled in the day school. The study included an extensive literature review that included specific needs of students with different diagnosis, changes in the way parents and professionals view the behavioral/emotionally disabled children, social and mental health needs of students with emotional/behavioral disabilities and the lack of success of students with emotional/behavioral disabilities enrolled in a public school setting.

The quantitative data from four domains (academic, social skills, mental health, and sustainability) were used to gain insight into parents and staffs' perceptions of the care received by students enrolled in the RS. The academic domain revealed the parents and staff slightly agree that the school promotes academic success for all students,

provides an inviting place for students to learn, expects high quality work from each student, has high quality academic programs for the student's progress in the school, provides instructional materials that reflect each students' culture, ethnicity and identity, motivates the students to learn, and encourages all student to enroll in challenging courses regardless of their disability. Data collected from the research study related to the social skills domain revealed that the perceptions of the parents and staff slightly agreed the school teaches students how to respond to questions appropriately, teaches the students to tolerate being told "no", teaches the students to express frustration appropriately, teaches the students to express frustration appropriately, teaches the students to apologize for their mistakes, teaches the student to seek assistance when needed, and teaches student to engage in age appropriate activities during unstructured breaks. The mental health domain revealed that the parents and staff slightly agreed that the school provides individual therapy each week, provides group therapy each week, provides the parents with family therapy monthly, provides the parents with information concerning their child's therapy and provides the parents the opportunity to participate in their child's treatment plan; however, both parents and staff slightly disagree that the school provides the students the opportunity to participate in his/her treatment plan. Data from the research study in the sustainability domain revealed that the parents and staff both slightly disagreed that the students maintain nonaggressive (verbally and physically) for three, nine or twelve months; however, they slightly agreed that the students maintain their target behavior for at least three, six, and twelve months.

This study also included recommendations for the administrators to make changes in school programming in order to align the perspectives of the parents and staff. These

recommendations include more parent involvement in the behavior issues related to their child, more student involvement in their educational planning, and parent training in the policies relating to social skills and corporative learning across school and home settings. It is the responsibility of the RS to close the gap on differences in perspectives in order to better serve the students enrolled in the day school.

APPENDIX A – QUESTIONNAIRE

Parents and Staff:

Please read each statement and CIRCLE the item that best describes your experience as a parent or staff member.

Parents, if you have more than one child enrolled in the program please base your answers on the oldest child.

1.	What is your relationship to the school?	BEI	Teacher	Therapist	Case Manager	Parent
2.	How long have you been employed or has your child been enrolled in the Day School Program?	<1 year	1-2 year	3-4 years	5 years	>5 years
3.	How many therapist(s) are in your school?	1	2	3	4	Unsure
4.	How many students are in your school?	<25	26-35	36-45	>45	Unsure
5.	What grade levels are taught at your school?	K-6	K-12	7-12		Unsure
6.	What is the average class size at your school?	<5	5-9	10-14	15-19	Unsure
7.	How many faculty members are at your school?	5-9	10-14	15-19	20-24	≥25
8.	Where is your schools location?	Jackson		Hattiesburg	Gulfport	
9.	What is your race?	Black	Caucasian	Hispanic	Native American	Other
10.	What is your gender?	Male		Female		

Please read each statement and indicate the degree to which you agree with the following statements.

Possible responses are 1=Strongly Disagree, 2=Disagree, 3=Slightly Disagree, 4=Slightly Agree, 5=Agree, and 6=Strongly Agree.

		1	2	3	4	5	6
	Sample item:						
	This school provides quality work for each student.	___	___	___	___	___	___
	This school:						
11.	promotes academic success for all students	___	___	___	___	___	___
12	provides an inviting place for students to learn	___	___	___	___	___	___
13.	expects high quality work from each student	___	___	___	___	___	___
14.	has high quality academic programs for the student's progress in school	___	___	___	___	___	___
15.	provides instructional materials that reflect each students's culture, ethnicity and identity	___	___	___	___	___	___
16.	motivates the students to learn	___	___	___	___	___	___
17.	encourages all students to enroll in challenging courses regardless of their disability	___	___	___	___	___	___
18.	teaches the students how to respond to questions appropriately	___	___	___	___	___	___
19.	teaches the students to tolerate being told "no"	___	___	___	___	___	___
20.	teaches the students to express frustration appropriately	___	___	___	___	___	___
21.	teaches the students to acknowledge their own errors/mistakes	___	___	___	___	___	___
22.	school teaches the students to apologize for their mistakes	___	___	___	___	___	___
23.	teaches the students to seek assistance when needed	___	___	___	___	___	___
24.	teaches students to engage in age appropriate activities during unstructured breaks	___	___	___	___	___	___
25.	provides individual therapy each week	___	___	___	___	___	___
26.	provides group therapy each week	___	___	___	___	___	___
27.	provides the parents with family therapy monthly	___	___	___	___	___	___
28.	provides the parents with information concerning their child's therapy progress	___	___	___	___	___	___

Please read and indicate the degree to which you agree with the following statements.

Possible responses are 1=Strongly Disagree, 2=Disagree, 3=Slightly Disagree, 4=Slightly Agree, 5=Agree, and 6=Strongly Agree.

		1	2	3	4	5	6
	This school:						
29.	provides the students the opportunity to participate in his/her treatment plan	___	___	___	___	___	___
30.	provides the parents the opportunity to participate in their child's treatment plan	___	___	___	___	___	___
31.	teaches the students better methods in which to express his/her anger	___	___	___	___	___	___
32.	teaches the students how to participate in cooperative learning for at least three months	___	___	___	___	___	___
33.	teaches the students how to participate in cooperative learning for at least six months	___	___	___	___	___	___
	The students:						
34.	maintain nonaggressive (verbally and physically) for at least three months	___	___	___	___	___	___
35.	maintain nonaggressive (verbally and physically) for at least nine months	___	___	___	___	___	___
36.	maintain nonaggressive (verbally and physically) for at least twelve months	___	___	___	___	___	___
37.	maintain their target behavior for at least three months	___	___	___	___	___	___
38.	maintain their target behavior for at least six months	___	___	___	___	___	___
39.	maintain their target behavior for at least twelve months	___	___	___	___	___	___

APPENDIX B – VALIDITY QUESTIONNAIRE

Validity Questionnaire

Thank you for agreeing to provide your time, expertise and assistance in the development of this instrument that will be used to gather data for this study. Your input and feedback is extremely important, greatly appreciated, ad will be used to make any necessary adjustments in order to more effectively meet the criteria and overall goal of this study.

The purpose of the instrument you are evaluating is to gather feedback from parents of students enrolled in a private day school for emotionally/behaviorally disabled and the staff employed by the school. It is with hope that the data collected through these surveys will provide valuable insight for possible adjustments to current programs and procedures that may and/or may not be useful in the current day school program.

Please take your time and critique the attached questionnaire by answering either "Yes" or "No" to the questions below, as well as providing feedback for your reasoning(s) behind any responses that receive a "No on the lines that follow.

Question	**Yes**	**No**	**If you selected No, please write why, and provide any feedback and/or suggestions that you feel would correct this aspect of the survey.**
Has the survey been developed with the use of language that can be easily understood by the participants in this study?			
Does the survey address suitable issues in the statements that will allow the researcher to obtain sufficient information regarding the parent's and staff's perception of care of the day school within the academic domain?			
Question	**Yes**	**No**	**If you selected No, please write why, and provide any feedback and/or suggestions that you feel would correct this aspect of the survey.**
Does the survey address suitable issues in the statements that will allow the researcher to obtain sufficient information regarding the parent's and staff's perception of care of the day school within the social skill domain?			

Does the survey address suitable issues in the statements that will allow the researcher to obtain sufficient information regarding the parent's and staff's perception of care of the day school within the mental health domain?			
Does the survey address suitable issues in the statements that will allow the researcher to obtain sufficient information regarding the parent's and staff's perception of care of the day school within the sustainability domain?			
Are there any particular items within the survey that you would modify?			**Please specify the item number(s) with your response if you selected "No".*
Do you believe any of the survey items have the potential to come across as invasive and/or offensive to the participant?			**Please specify the item number(s) with your response if you selected "No".*
Question	**Yes**	**No**	**If you selected Yes, please write why, and provide any feedback and/or suggestions that you feel would correct this aspect of the survey.**
Are there any items within the survey that you believe should be excluded from the survey?			**Please specify the item number(s) with your response if you selected "Yes".*
*Are there any survey items that you feel should be included that are **not** currently included on the questionnaire attached?*			**If you selected "Yes" please write your suggested statement(s) below:*
Please feel free to provide any further suggestions or comments that you feel would strengthen the validity of this questionnaire in the following section:	*Comments/Suggestions:*		

APPENDIX C – LETTER TO THE PRINCIPAL

Date:
Name of Principal
Name of School
Address

RE: Permission to Conduct Research Study

Dear Principal _____,

My name is Robin Davis, and I am currently enrolled in the doctoral program at The University of Southern Mississippi. In order to fulfill the requirements of my dissertation, I must conduct a survey that focuses on my topic of research. The ultimate goal of my survey is to gather and examine parents and staffs perception of care in the academic domain, social skills domain, mental health domain, and sustainability domain in the day schools for emotionally/behaviorally disabled students. The information I gather through my research will hopefully provide educational leaders, administrators, and fellow educators with insights into approaches and strategies that are effective in the day school program.

The purpose of this letter is to kindly request your permission to gather necessary information that would allow me to contact the parents of students enrolled in your day school program and staff employed by your day school program, then assemble the data needed to complete my dissertation. If you agree to allow me to conduct my survey, the information gathered will be compiled with the information provided by other day school programs in the state of Mississippi. Please rest assured that your day school parents and staff will not be identified anywhere in my research and findings.

The participants in this study will consist of parents and staff of day schools located in Hattiesburg, Jackson, and Gulfport. Participants will be surveyed during the monthly Child and Family Team Meetings (CFT) or via postal mail. Surveys will be administered before completion of the second semester of the 2014-2015 academic school year. Please be assured that all staff responses will be confidential. The data will be reported in percentages and summary form. No district, school, or individual will be identified, and participation is voluntary.

Your approval to conduct this survey within your district will be greatly appreciated. Feel free to contact me if you have any questions or concerns at 601-550-6531 or ryd40@aol.com. My committee chair is Dr. David Lee, who can be contacted at david.lee@usm.edu.

If you agree to my request, kindly sign below and return the signed form in the enclosed self-addressed envelope. Alternatively, you may submit a signed letter of permission on your school's letterhead acknowledging your consent and permission for me to conduct this survey within you day school.

Sincerely,

Robin Davis
Doctoral Candidate, The University of Southern Mississippi

Enclosures

Cc: Dr. David Lee, Committee Chair

Consent Form:

By signing and returning this form, I give Ms. Robin Davis, a doctoral candidate at The University of Southern Mississippi, permission to conduct a research study at the day school, located in _____, Mississippi. I acknowledge that Ms. Davis may meet with each school principal and upon approval from the principal, that Ms. Davis will deliver consent forms and questionnaires to selective staff members during the spring of the 2012-2015 school year.

Approved by:

_____	_____	_____
Please print your name and title above	Principal's Signature	Date

APPENDIX D – IRB APPROVAL LETTER

THE UNIVERSITY OF
SOUTHERN MISSISSIPPI.

INSTITUTIONAL REVIEW BOARD
118 College Drive #5147 | Hattiesburg, MS 39406-0001
Phone: 601.266.5997 | Fax: 601.266.4377 | www.usm.edu/research/institutional.review.board

NOTICE OF COMMITTEE ACTION

The project has been reviewed by The University of Southern Mississippi Institutional Review Board in accordance with Federal Drug Administration regulations (21 CFR 26, 111), Department of Health and Human Services (45 CFR Part 46), and university guidelines to ensure adherence to the following criteria:

- The risks to subjects are minimized.
- The risks to subjects are reasonable in relation to the anticipated benefits.
- The selection of subjects is equitable.
- Informed consent is adequate and appropriately documented.
- Where appropriate, the research plan makes adequate provisions for monitoring the data collected to ensure the safety of the subjects.
- Where appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of all data.
- Appropriate additional safeguards have been included to protect vulnerable subjects.
- Any unanticipated, serious, or continuing problems encountered regarding risks to subjects must be reported immediately, but not later than 10 days following the event. This should be reported to the IRB Office via the "Adverse Effect Report Form".
- If approved, the maximum period of approval is limited to twelve months.
  Projects that exceed this period must submit an application for renewal or continuation.

PROTOCOL NUMBER: 16020503
PROJECT TITLE: Perpectives Regarding Care of Students Enrolled in Special Education Day Schools for Emotionally Disabled Students
PROJECT TYPE: New Project
RESEARCHER(S): Robin Davis
COLLEGE/DIVISION: College of Education and Psychology
DEPARTMENT: Educational Leadership and School Counseling
FUNDING AGENCY/SPONSOR: N/A
IRB COMMITTEE ACTION: Exempt Review Approval
PERIOD OF APPROVAL: 03/30/2016 to 03/29/2017
Lawrence A. Hosman, Ph.D.
Institutional Review Board

APPENDIX E – INFORMED LETTER OF CONSENT

University of Southern Mississippi
118 College Drive #5147
Hattiesburg, MS 39406-0001
(601) 266-6820

Consent to Participate in a Research Study

Date:

Title of Study: Perspectives Regarding Care of Students Enrolled in Special Education Day Schools for Emotionally Disabled Students

Research will be conducted by: Robin Young Davis

Phone Number: (601) 550-6532 **Email Address: ryd40@aol.com**

Faculty Advisor: Dr. David Lee

What are some general things you should know about research studies?
Parents of students enrolled in day school programs and the staff that serve the students are being asked to take part in a research study. Participating in this study is voluntary. You may refuse to take part, or you may withdraw your consent to be in the study, for any reason, without penalty.

Research studies are designed with the intent to obtain knowledge. This new information may help people in the future. You may not receive any direct benefit from being in the research study. There also may be risks to being in the research studies.

Details about this study are discussed below. It is important that you understand this information so that you can make an informed choice about being in this research study.

You will be given the first three pages of this consent form and the researcher will keep the fourth sheet, which contains your signature. You should ask the researcher named above, or staff member who is assisting them throughout this process, any questions you have about this study at any time.

What is the purpose of this study?
The purpose of this study is to examine the parent's perception of care of their child's experiences in the day school program in comparison to the staff's perception. The four domains that will be studied are: academic, social skills, mental health, and sustainability. The goal of this research is to compare the feedback and determine whether the above factors are significantly related to the program.

How many people will take part in this study?
If you decide to be in this study, you will one of approximately 100 participants in this research study.

How long will your part in this study last?
If you chose to participate, you will be asked to read and sign a consent form and will also receive a survey that will take no longer than 15 minutes to complete. Your name or identity will not be asked for within the survey, nor will your personal information be reflected anywhere within the research. A self-addressed, stamped envelope will also be provided in order to easily return the completed survey to the researcher if you chose not to complete the survey during the child and family team meeting. A report of the findings will be made available to you upon request at the conclusion of this study by emailing me at ryd40@aol.com.

What will happen if you take part in the study?
Parents of the students enrolled in the program and staff that provides services to the students willing to participate in this research will be asked to sign a consent form and fill out a survey. The researcher will collect data from the survey. Throughout the process of analysis, the researcher will keep the information in a locked box. The survey and consent form will be shredded upon completion of this project.

What are the possible benefits from being in this study?
Findings are also intended to provide potential assistance to changes in the school's policies and procedures. Your answers to the survey items will contribute to study findings that administrators can take into account when addressing changes that need to take place as well as what programs need to stay the same in the day school environment.

The results of this study could also potentially play a vital role in the provision of valuable insight that can be shared with persons involved in the day school program, including students, parents, teachers, therapist, behavioral interventionist, case managers, and principals. The insights could potentially bridge gaps in understanding about these policy issues, thus resulting in enlightenment of policymakers regarding the care of the students enrolled in the day school program.

What are the possible risks or discomforts involved from being in this study?
The risks that may be involved in this study are that the participant may not feel comfortable providing feedback pertaining to his/her child's treatment, his/her classroom policies and procedures, their child's mental health and social skills. These concerns may be allayed by the assurances of confidentiality for respondents that will be provided. Only the researcher and faculty advisors will view the participant responses. All responses will be kept secure and locked in the researcher's home. Questionnaires and consent forms will be destroyed after one year.

How will your privacy be protected?
Participants will not indicate their identities on the questionnaire. They will not be identified in any report or publication about this study. Only the researcher and her university faculty advisors will have access to these questionnaires. Questionnaires will be kept secure and locked in the researcher's home. Additionally, questionnaires and consent forms will be shredded after a year.

What if you have questions about this study?
You have the right to ask, and have answered, any questions you may have about this research. If you have questions, or concerns, you should contact the researcher listed on the first page of this form.

What if you have questions about your rights as a research participant?
This project has been reviewed by the Human Subjects Protection Review Committee, which ensures that research projects involving human subjects follow federal regulations. Any questions or concerns about rights as a research subject should be directed to the chair of the Institutional Review Board, The University of Southern Mississippi, 118 College Drive #5147, Hattiesburg, MS 39406-0001, (601) 266-6820.

Title of Study: Parents and Staff: Perspectives Regarding Care of Students Enrolled in Special Education Day Schools for Emotionally Disabled Students

Principal Investigator: Robin Young Davis

Participant's Agreement:

I have read the information provided above, I have asked all the questions I have at this time. I voluntarily agree to participate in this research study.

_____ _____
Signature of Researcher Participant Date

_____
Printed Name of Research Participant

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